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Midwifery practice of the Present Day, and the training required for it.

A paper read at the Medical & Physical Society on November 30th,
by

J. S. FAIRBAIRN.

I.—THE TRAINING OF THE STUDENT.

We can speak with some pride of the way our men are trained in medicine and surgery and in gynæcology, but we certainly cannot flatter ourselves in any way of our efforts to teach practical midwifery. This statement is not meant to apply to any one medical School, nor to any one part of the country. It is true equally of London, of the Provinces and of Scotland. Sir William Sinclair in an address given at Manchester some 18 months ago said,—“In England the instruction of the medical student in practical midwifery remains simply deplorable. It is the most prominent defect in medical education in this country. It is a discredit to our intelligence, a reproach to our civilisation, and makes us a laughing stock to the foreigner. Strong, exaggerated, intemperate language! Not at all. No articulate speech which I can command would be adequate to the situation.” To anyone who will contrast the prominent part which midwifery plays in the work of general practice with the trivial amount of clinical teaching given to the student, Sir William Sinclair's words will not appear in any way unreasonable.

The reason of the inferiority of our midwifery training is twofold :—

(1) The system of training which has grown up in this country, which may be briefly described as letting the untrained and inexperienced student loose in a maternity district with scarcely any supervision, and trusting that he may gain a certain modicum of wisdom and experience without disaster to his patients.

(2) The ridiculous regulations of the various examining boards, and the neglect of the body appointed to supervise them, the General Medical Council.

First let us consider the regulations as regards medical studies. Having been present at a debate at this Society on medical education held sometime last year, I know that most of you agree that you are overburdened with the earlier science subjects and are left with too little time for the clinical subjects. In fact there is a great struggle to fit in the work to be done in the last two years, with the result that midwifery takes a very back seat. This, I take it, is due to the fact that it is very inadequately represented on the Medical Council, and on the various university faculties and examining boards. For, apparently, it is human nature that every man should think his own subject of paramount importance, and so it happens that just as we of the practice side of medicine think that the chemists and botanists take up more than their share of the student's time, so in turn do we of the obstetric branch think that our colleagues of medicine and surgery do not allow midwifery its proper place in the last two years of study. Whether this is right or wrong, the time given to midwifery is by no means proportionate to its prominent place in the work of general practice. Here I would remind you that these remarks apply strictly to midwifery, and do not include gynaecology; that subject gets its full share of the student's attention. The great error is that the regulations allow the student to take the midwifery examination at the end of his fourth year instead at the end of his fifth, and to anyone who knows the medical student, this means that when he can he will always do so. The Conjoint Board, as I hope to prove to you later, is the arch offender in this respect.

What ought the student to have done before he undertakes his midwifery cases? Under our present conditions we will take it for granted that he has been to a course of lectures on the subject and has had *some* instruction, a condition by no means always fulfilled.

Without question he ought to have done his dressing; of that there can be no doubt, for until a man has been thoroughly drilled in the methods of surgical cleanliness in the wards and in the operating theatre, he ought never to be allowed into the lying-in room. *He is not safe.* For those of you who are going into general practice, I consider the chief thing that you acquire while you are helping your surgeon at all sorts of operations that you are not very likely to do yourself, to be the preliminary training for your future mid-wifery practice in the form of a sound technique on strict Listerian principles. For this most essential part of the practical midwifery training, the student is almost entirely dependant on the surgeon.

To the majority of you the details of the operations will be nothing after you have been in practice ten years, but one fondly hopes that the methods of surgical cleanliness as drilled into you in the surgical wards will never be lost and one knows that you will find the most frequent occasion of applying them to be in your every-day midwifery work.

I think that it will be generally acknowledged that it is more difficult to apply strict surgical methods to midwifery than to the ordinary surgical operative procedures. The hands have to be used for so many purposes for which strict asepsis does not provide that there is greater difficulty in maintaining a proper technique. For instance, the hand has to be used to control the uterus during the management of the third stage of labour when at any time internal manipulation may be required and so on. On these grounds it is most important that practical midwifery be learnt and habits acquired *after* the student has had a thorough training in surgical methods. If this is not the case the work will be done badly and slovenly habits acquired. In order to illustrate what happens in our district, may I quote an experience of my own on one occasion recently when I came to an operative midwifery case? I found the three O.C.'s on duty all present and anxious to assist. I asked the clerk whose case it was, if he had done his dressing, but found that he was then engaged in doing his O.P. clerking and had done no surgery, so I asked for the one most experienced in surgical methods to assist me, and had to be satisfied with a man who had actually got as far as beginning his O.P. dressing. I went home afterwards saddened with the thought that the District did not have the advantage of that drilling in aseptic technique, which your President has done so much to develop.

It is perhaps not quite so essential that the clerking ought to have been done, but it is certainly very much to the advantage of the student if it has been. It is the time when he learns observation and examination and acquires a knowledge of the ordinary ailments which may be met with in the course of his work, both in mothers and babies. Some instruction is necessary before the student can acquire any degree of proficiency in abdominal palpation, and he ought not to be left to make his maiden efforts in a Lambeth slum without supervision. Happily most men have done some portion of their medical work before coming on as O.C. But this ought not to be left to chance, it ought to be one of the regulations of the General Medical Council that no midwifery cases are to be counted until the student has been fully signed up for his medical and surgical work. The necessity for this may be illustrated by two incidents that happened at the Conjoint Board

midwifery examination; the first of them I heard direct from the examiner to whom it happened. The candidate was asked what he knew of the fevers which might occur in the puerperium and after thinking for a moment, replied apologetically that he had not yet done his fevers, but hoped to do so soon. In the second case a candidate objected to a question because on the albuminuria of pregnancy that he had not yet done his clerking, and it was therefore quite unreasonable to expect him to answer a question involving a knowledge of urine testing.

Before considering how an improvement in our training is to be brought about, let us for a moment glance at the Continental methods.

I do not know anything of the methods in France, though I remember that the Obstetricians who were over here a year ago at the time of the visit of the French medical men to this country were as scornful of our methods of instruction as their natural politeness would permit them to be.

I have, however, seen a little of the work in the German and Swiss Universities, and certainly it is done in a way very different from ours. Midwifery is taught exactly like other subjects, *i.e. in Hospital*. At each University there is a *Frauenklinik* under the charge of the Professor or Director, who has several experienced assistants under him. Both obstetrical and gynaecological cases are taken in, and the students are thoroughly drilled in the work under the immediate supervision of the distinguished teachers of the *klinik*. To show how thoroughly this training is done, a number of women are taken into the hospital in the later stages of pregnancy, and are given free board and lodging for some weeks or months in order that they may be used as material to teach abdominal and other methods of examination to the students. I very much doubt if our Lambeth patients would appreciate this form of hospital charity, especially as these women also do as much of the scrubbing and cleaning of the hospital as their condition will allow, in order to make sure that they really earn their keep. No only are the students thoroughly grounded in the theory and practice of obstetrics, but when it comes to examination, they are examined clinically. About a year ago I spent a few days attending Prof. von Rosthorn's *klinik* at Heidelberg, and accompanied the Professor while he was examining a man for his state examination. The unfortunate candidate spent the whole of a happy week in undergoing his examination in obstetrics and gynaecology alone, and on the morning when I was present he had a very bad time because the case of labour he had to conduct was not satisfactorily reported; as far as I could make out he had not managed the third stage to the satisfaction of the examiner,

and had not made a proper investigation of the placenta after delivery. However, I do not know that I envy the Germans their method of examination, but I do envy them their systematic teaching in the practice of midwifery.

No doubt there is something to be said for the time-honoured method of the practice being learnt in an out-door maternity district as prevails in this country; it is exactly what the man has to do when he goes into practice, and he has a certain amount of responsibility which is good for him, and tends to make him more self-reliant. But before he commences to attend cases in the district he ought to be instructed clinically in the aseptic management of child birth and child bed, in the mechanism and management of labour, and in the indications for interference. If he had had this preparatory instruction then I think our methods would be better than the German. Our lying-in hospitals in London and, except in Dublin, those also of the provincial towns have been used for the teaching of midwives rather than of students. With the Midwives' Act of 1902 now in force, the medical profession ought to be even more strictly trained in this work than before, for the well trained midwife will know a great deal more than the old gamps, though she may chatter just as much, and will be in a much better position to recognise what is required of a medical man when he is called in. Nowadays many of these women are trained for three months in a hospital where they see a good deal of work, and must personally deliver twenty cases, and no B.B.A's are allowed to count. At present these well trained midwives are in so hopeless a minority that their influence will not be felt for many years to come, but it is only a matter of time for this to make itself evident. Remember that after 1911 no woman will be allowed to practice as a midwife "habitually and for gain," unless she is on the register, and that from now onwards, she must have three or four months of practical training, and pass an examination at the end of it. I am strongly of opinion that this Act has made it incumbent on the medical profession to set their own house in order in regard to midwifery training. It is enacted that in all cases of abnormal labour the midwife must advise that the help of a doctor be obtained, and no doubt where there are well trained women of this class they will know enough to discover very quickly which doctor in their district is most helpful to them, and this means that he will no doubt get most of their work and will have the chance of acquiring an experience and a local reputation which will be most valuable to him; the immediate financial results will probably not be much, but the experience and interest obtained through the cases will be ample compensation.

The question of the improvement of our midwifery training is one that has exercised the minds of all those engaged in teaching the subject for many years past. I have already quoted from an address by Sir William Sinclair, of Manchester on this matter, and the President of the Obstetrical Society discussed the same problem in his inaugural address this year. I shall, therefore, be in good company if I mention a few things which would bring about a great change for the better, even though it means some repetition of what I have already said.

The *first* and simplest change, and the one that would be attended with the least dislocation of the existing arrangements, is that the examination in midwifery should be taken with or after the surgery and medicine examinations at the end of the fifth year. *Secondly*, that no student should be allowed to do his maternity cases until he has completed his dressing and clerking. *Thirdly*, that every student should have a period of in-patient instruction in clinical obstetrics before attending his cases in the out-patient department. Regulations of this kind would revolutionise the training of the student, and would turn out to be an enormous blessing to all who are embarking on family practice. No doubt many of you have heard that this Hospital has for some time been considering the question of opening a lying-in ward for the better instruction of our men, and I hope that we may be the first large hospital in London to do so, and thus be the first to wipe out the reproaches of our French and German confrères. As a matter of fact this will only be going back to a state of affairs that was common enough in former times. Many of the great hospitals of the country had lying-in wards, but the ravages of puerperal and hospital fevers made the close association of surgical and obstetric patients in the same building inadvisable; now we have reached a time when those terrors have lost their meaning, and there is no reason why the old association should not be resumed. Another great advantage in such a ward will be that it will give opportunity for a certain number of men to obtain some experience of the minor operative procedures in the way of low forceps, inductions, washing out the uterine cavity and so on.

No doubt it will have struck many of you that at this hospital we might lessen the deficiencies of the present system on the lines I have already suggested, by refusing to take on men in the district before they had completed their in-patient medical and surgical work. I think that there is no question that we would do it to-morrow, Conjoint Board or no Conjoint Board, if it were not for the insuperable difficulty of keeping the district going during the interval in which the change was being effected. Difficult as it is to arrange the scheme of work in a different way to that laid down by the

examining bodies, I think that it could be done if there were only some means of supplying maternity clerks for the year or two of the interregnum.

Before concluding this part of my paper, let me draw your attention once more to the iniquity of the Conjoint Board by asking you to look at the schedule to be filled in for its midwifery examination; and do not forget that this examination is meant above all for those who are going in for general practice. Leaving out of account the certificate "of being 21 years of age," and the certificate of instruction in gynæcology, the candidate is required to be signed up for four things. That he has spent four winter and four summer sessions at his professional studies, that he has attended a three months' course of lectures, that he has had systematic practical instruction, and that he has attended 20 labours. The various sins of omission and commission in this well known bit of red paper are easily recognised. It requires that four winter and four summer sessions be spent in professional studies—how, it matters little so long as it includes a three months' course, an indeterminate amount of practical instruction, and the regulation 20 cases. No medical or surgical training is thought necessary for a man who wishes to practice modern-day midwifery, so that, except that his lectures cover a little more ground, his instruction is little different to that of the well trained midwife whom he may be called on to assist. He may have spent four winter and three summer sessions in getting through the anatomy and physiology of his second examination, and yet if he can cram three months' lectures, and his cases into his fourth summer session, the Board is quite prepared to take his fee and pass or reject him as its examiners may think fit. He may know nothing of the ordinary heart sounds, but he will be expected to have heard the foetal heart through the mother's abdomen. He may never have seen a case of renal disease, or been taught the clinical testing of urine, but he will be expected to know all about the urinary and renal and hepatic conditions found in eclamptic and other toxic diseases of pregnancy and the puerperium. He may never have had any drilling in surgical methods, but he must learn—most probably parrot-like—how the puerperal infections ought to be prevented. There is no need to labour this point further. One can only wonder that the Gilbertian character of these regulations has not yet dawned on the Solons of the Conjoint Board and the General Medical Council, especially as the latter are supposed to guard the paths into the profession on behalf of the British Public. When our methods are what they are, is it surprising that the puerperal mortality outside the lying-in hospitals has remained unaffected by Listerian principles? The blame does not rest with the teachers and examiners in midwifery, for they have made representations without number and without effect.

(To be continued.)

The Present Status of Serotherapy in Relation to Surgery.

(Continued.)

Erysipelas.

Whatever bacteriologists may ultimately decide with regard to the specific nature of its streptococcus, there can be little doubt that, clinically, cutaneous erysipelas, the variety to which alone the term is properly applied, is a disease *sui generis*—a distinct pathological entity comparable in many respects with other specific fevers. Its contagious character, its tendency to occur in epidemics, and the distinctive character of its course and termination in ordinary cases, all point to the specific nature of the infection. It is strictly speaking not a pyogenic infection, because in the ordinary uncomplicated form no pus is produced.

I deal, therefore, with this disease separately from other streptococcic infections.

Erysipelas is, except in those suffering from severe constitutional affections and in patients at the extremes of life, a disease with a low mortality. Lockwood gives the death rate as only 3.5 per cent.

There would, therefore, seem to be little room for the extensive employment of a specific antiserum. Yet there is a certain number of cases in which very severe symptoms occur; and a small proportion in which the organisms, entering the blood, produce a true septicæmia; and for the treatment of such cases a specific serum is the only means which holds out any prospect of ameliorating or curing the disease. Such a serum is now supplied by a well known firm and is multivalent, being prepared by immunising animals with six different strains of streptococci obtained from cases of erysipelas. It is antitoxic as well as antibacterial—possibly the former more strongly than the latter, a property which will account for the immediate relief obtained in some of the cases for which it has been tried. I have found notes of eleven cases of erysipelas which have been treated at St. Thomas's Hospital with this multivalent serum—a number of course which is far too small to dogmatise upon, but which is sufficiently large to give some idea as to the possibilities of the specific treatment.

The first case was that of a nurse with a very severe attack of erysipelas, accompanied by persistent high fever, delirium and albuminuria. The rash commenced upon the face and rapidly spread over the scalp, neck and back. On the seventh day a dose of 10 c. c. of

the multivalent serum was given, at a time when the temperature was 103.2° . Within twelve hours the temperature was normal, and although the rash continued to spread great relief of the symptoms was experienced. The temperature again rose to 102.8° , when a second dose of 15 c. c. was given, and the temperature again fell to normal, after which there was no further rise.

Other cases have shewn equally striking results. A man aged 42, with a bad attack of facial erysipelas, complicating alveolar abscess, was treated with the serum, commencing on the eighth day. He received 100 c. c. in 36 hours. The temperature, which had ranged from $103-104^{\circ}$ the whole time, at once dropped and recovery ensued.

Another case, a boy of 16, with facial erysipelas, had the treatment commenced on the fifth day, and received 25 c. c. in 48 hours. A crisis occurred 24 hours after the second dose, but the temperature fell temporarily after the first, and the symptoms began to subside immediately.

Two fatal cases occurred in this series—both men of middle age, and both extremely ill when treatment was commenced. They received respectively 120 and 180 c. c. within periods of 36 and 72 hours, but without effect.

In judging the effect of the serum in these eleven cases, one must not take into account the temperature alone. In some the fall in temperature was immediate and striking, in others slight and temporary. But in most cases there was also a marked improvement in the general condition, and the patients usually expressed themselves as feeling much relieved. The effect upon the rash does not appear to be rapid; it has usually continued to spread for a day or two after the general symptoms have begun to subside, which in an ordinary case that recovers without specific treatment is not the usual order of events.

It seems, therefore, that as far as we can at present judge, the specific treatment of erysipelas promises to be of decided value. But it is not the treatment which ought to be adopted in all cases, and unless a judicious selection is made it is likely that the real value will be masked and discredit brought upon it.

Pyogenic Infections.

Under this heading, which should properly embrace organisms such as the pneumococcus and the bacillus pyocyaneus, I propose to deal only with those which occur with the greatest frequency in Surgery, namely the streptococci, the staphylococci, and the colon bacillus,

The case of such pyogenic diseases is totally different from that of tetanus. In the latter we have a specific and definite disease, due to a well known specific micro-organism ; and against it we have a specific antitoxin. And we may fairly say that every case of tetanus should be treated, at the outset with the antitoxin, for its tendency is towards a fatal issue, and none can foreshadow the progress of a case at its commencement.

But in pyogenic infections, we have a number of different organisms producing a number of totally different diseases and in by far the larger number of cases, the tendency is by no means towards a fatal issue if the focus of infection can be effectively dealt with on surgical lines. It is, therefore, only a few cases of pyogenic infection that require a specific serum treatment.

The time-honoured classification of septic cases into *sapræmia*, *septicæmia*, and *pyæmia* has served its day and generation, but to the older surgeons these three terms conveyed a very definite distinction. In *sapræmia* the blood was said to be free from organisms, which remained localised at the site of infection ; in *septicæmia* the organisms were regarded as truly parasitic and multiplying in the blood ; in *pyæmia* it was supposed that the organisms were in the blood merely as passengers from one spot to another, and only resumed work when the thrombus conveying them became arrested as an embolism. And one of the most distinguished pathologists of ten years ago, Professor Kanthack, used to teach that recovery from a true *septicæmia* had yet to be recorded. But the distinction between *septicæmia* and *pyæmia*, although useful clinically, will not stand the essential test of bacteriological investigation, and must not be pressed too closely. Many cases are now known where recovery has followed even after bacteriological examination has demonstrated the presence of parasitic pyogenic organisms in the blood. Moreover, the term *septicæmia* has now a wider meaning, embracing diseases other than those due to blood infection with pyogenic organisms.

For our present purpose, however, we may draw a concise distinction between two great groups of pyogenic diseases, *septic intoxication*, or *sapræmia*, in which the organisms remain strictly localised to the site of infection, and *septic infection*, in which they enter the blood stream, remembering of course that a case of *septic intoxication* may at any moment become one of *septic infection* by the entrance of the organisms into the blood, and that the distinction can only be made by a bacteriological examination of the blood. The great majority of cases of *sapræmia* will recover if the focus of infection can be effectively dealt with, and therefore require no specific antiserum. Recovery would doubtless be accelerated by a specific antitoxin administered at the same time, but as a rule, so

rapid is the subsidence of symptoms as soon as the focus of infection is properly dealt with, that in the great majority of cases there is no need for the use of a specific anti-serum. In this connection it is as well to repeat that an anti-toxin whilst capable of dealing with the free poisons present, is incapable of affecting the *results* of their action upon the tissues.

In considering the pyogenic cocci which are grouped under the general headings of streptococci and staphylococci, we at once find ourselves confronted with a great difficulty. There are many varieties both of streptococci and of staphylococci. Dr. Foulerton, in a recent paper dealing with streptococci infections, inclines to the view that they should be regarded actually as different species, rather than merely as varieties of the same species. More recently still, Dr. M. H. Gordon has published a most interesting paper, dealing with the differentiation of the streptococci. He distinguishes them according to their power of decomposing, with an acid reaction, a number of chemical compounds belonging to the carbohydrate, glucoside, and alcohol groups, and in this manner has recognised no less than 48 different types from normal saliva, and 40 types from normal faeces; and goes so far as to utilise these distinctive reactions as a test for oral or faecal contamination of air or water. Dr. Gordon also, on the same lines, finds a considerable diversity among the streptococci obtained from the human body in disease. He insists that the old impression that streptococci are still incapable of being differentiated is erroneous, and that their individuality is real and not only apparent. The staphylococci shew as great or even greater differences amongst themselves, both culturally and in their pathogenicity. Hence there must be a considerable number of different diseases due to the pyogenic cocci. Moreover, the same coccus is capable of producing, according to its degree of virulence and other circumstances, very different effects upon different individuals; a strain of a staphylococcus aureus for example, may in one individual produce a boil, in another a rapidly fatal septicæmia.

Again, it cannot be denied that septicæmia may be due to a mixed infection with two or more pyogenic cocci. For example, in one case of fatal post-operative peritonitis, Dr. Dudgeon isolated from the blood both a streptococcus and a white staphylococcus.

When Marmorek produced the first antistreptococcic serum, he maintained that it was powerful against any form of streptococcus. Moreover, his serum was actually produced from an organism not obtained even from a human source. It is true that Calmette proved the antitoxic serum produced against one kind of snake poison to be powerful, though in varying degrees, against other varieties of snake poison, but the same has not been shown to be the case with anti-

streptococcic, or antistaphylococcic sera; in fact, all the evidence points in the opposite direction.

In treating a case of septicæmia, therefore, we require a serum which is specific against that individual species and variety of pyogenic coccus which is producing the symptoms. It is manifestly absurd to inject an antistreptococcic serum into a patient suffering from a staphylococcic infection; and it is apparently equally futile to employ against one variety of streptococcus a serum prepared from a different variety of streptococcus. I must admit, however, that one or two cases of severe pyogenic infection have apparently benefited by treatment with the wrong anti-serum; and this may be explained by the fact that the injection of a serum produces, apart from any specific effect, a leucocytosis.

In the light of this argument, let us enquire how far 'anti-streptococcic serum' has hitherto proved successful from a practical point of view.

Dr. Ogle analysed all the cases recorded in the *Lancet* and the *British Medical Journal* during the years 1896 to 1901 inclusive, and found 110 cases with 70 recoveries. But of these very few had had an examination of the blood made, so that the greater number are valueless. Unless a bacteriological examination has shewn organisms to be present in the blood, we are justified in saying that the case may have been one of sapræmia only, which would—or might—have recovered after efficient local treatment. How often do we see recorded "a case of puerperal septicæmia successfully treated with antistreptococcic serum," and how rarely has the fundamental requirement of the case, namely a bacteriological examination of the blood, been complied with. I am far from implying that these sera are useless in cases of septic intoxication, but I am at present concerned only with septicæmia.

In Dr. Ogle's series only a few had had a bacteriological examination made of the pus at the site of infection, so that in the majority of the cases it was not even ascertained that the organism causing the symptoms was a streptococcus.

In only 13 of the 110 cases was a streptococcus found in the blood. Of these, six were due to puerperal sepsis, three to middle ear disease, and four to other sources of infection. Ten recovered and three died, but we are not justified in assuming a general recovery rate of 77 per cent., remembering how small a proportion of unsuccessful cases ever attain the dignity of publication.

In the same paper 19 cases of malignant endocarditis are cited as having been treated with antistreptococcic serum, with six recoveries. But here again in only three of the six instances were streptococci found in the blood.

An extraordinary example of perverted reasoning is to be found in the Report of the American Gynæcological Association in 1898 of their Committee appointed to investigate the value of antistreptococcic serum. In 101 cases of gynæcological sepsis, streptococci were found, either locally or in the blood, and these were treated with an antistreptococcic serum, with a mortality of 32·6 per cent. In 251 cases no bacteriological examination at all was made but the serum was employed. The death rate in this series was 15·85 per cent.

These gynæcologists solemnly concluded that the medical profession was not justified in proceeding further with the use of antistreptococcic serum. We can only hope that they did not follow out their own recommendation, and that the use of more recently produced sera, applied more scientifically, may have caused them to alter their opinion. The tendency at the present time is to produce an antiserum which, being prepared from several strains of the organism in question, shall have a better chance of effectiveness than one produced from a single strain. Such a serum is termed multivalent. Dr. Foulerton estimates that 46·3 per cent. of cases of puerperal sepsis are due to streptococci, and has produced a multivalent serum from five different strains of streptococci obtained from puerperal cases, a serum which seems to promise great results.

In a similar manner a multivalent antistaphylococcic serum can now be obtained, prepared from several strains of the staphylococcus aureus, which has been used in several cases at this hospital, but in too few instances for us to be able at present to say much about its efficacy. In a few it has apparently been employed with success, but usually empirically as the bacteriological examination has either been neglected, or has demonstrated organisms different from those against which the serum is specific.

I cannot leave the consideration of pyogenic infections without an allusion to the colon bacillus. The term includes a group of closely allied organisms, which, although normally, and possibly beneficially, present in the intestinal canal, may, under abnormal conditions, become highly pathogenic.

It has recently been demonstrated that in the great majority of cases of peritonitis of intestinal origin, it is the colon bacillus which is responsible for the fatal issue. It is also known that some infections of the urinary tract, and other parts, are due solely to this organism. At Dr. Dudgeon's instigation a well known firm have recently made a multivalent serum, prepared by rendering animals immune against seven highly pathogenic strains of colon bacillus isolated by him from cases of peritonitis, together with four other strains isolated by Dr. Dowson from other sources. This multivalent serum is both antitoxic and antibacterial. It has been used at this

hospital in several cases, in one or two with most striking results. The first time it was employed was upon a case under Dr. Turney suffering from an acute infection of the urinary tract due to a colon bacillus. This patient had for 12 days been extremely ill with high fever, rigors and other severe constitutional symptoms; there was great tenderness over the bladder, and the urine was loaded with pus from which Dr. Dudgeon isolated a colon bacillus in pure culture.

On the 13th day treatment with the antiserum was commenced; at first in doses of 10 c. c., and then in doses of 20 c. c. In 48 hours 80 c. c. had been injected, and the temperature steadily subsided, until on the 17th day of the illness it had reached the normal. At the same time the constitutional symptoms subsided, and the amount of pus in the urine diminished.

These three cases point to the conclusion that this multivalent anticoli serum may prove to be of considerable value in cases of colon bacillus infection, of which by far the most important is peritonitis of appendicular or intestinal origin.

At the present time the attitude of surgeons towards the anti-pyogenic sera may be described as one of mild toleration. It is used as a last resort in desperate cases, and perhaps sometimes rather as a *placebo* than with any real conviction that it is likely to be of much service; but if a case does get well with its use, then the surgeon either places it upon a pinnacle, from which eminence it is pretty sure to be dashed by its failure in the next case; or he shrugs his shoulders and wonders whether after all the case would have recovered without it. In fact, the thing is a fetish; it is used empirically, and the result is accepted according to the degree of faith which was reposed in it.

Now this attitude is entirely wrong, and cannot be too severely criticised. These sera are produced as the outcome of delicate, accurate and laborious scientific work by the pathologist; it is for the practical therapist to see that his part of the work is done in an equally careful and scientific manner. The man who indiscriminately treats a disease, the exact nature of which he is ignorant, with a serum of which he is still more ignorant, is guilty of deliberately placing a drag upon the wheel of scientific progress.

I would urge that these sera have not had, and are not having, the fair trial to which they are entitled, and it is only when certain conditions shall have been fulfilled, and that in an adequate number of cases, that we shall be entitled to pass a judgment of any value upon them.

1. The cases must be carefully selected. It is obviously useless administering serum to a patient on the point of death—one whose vital powers are at so low an ebb that it cannot be absorbed and

utilised; whose moribund tissues are incapable of making any response. Dr. Dudgeon tells me that antitoxin injected into the cellular tissue of animals extremely ill from diphtheria is, after death, found to be still present at the site of inoculation.

It is equally unfair to administer it unnecessarily to a patient who would get well without. Between these two extremes lie the suitable cases; and it is unfortunate that in the nature of things their selection must to a large extent be a matter of individual opinion. Still, it is not too much to expect that, with the exercise of a moderate degree of discrimination, this source of error may be reduced to a minimum.

2. Every means of local treatment must first have been conscientiously tried—removal or disinfection of the focus of infection, or ligation of the veins in the cardiac side of the focus. It is unfair both to the patient and the treatment to inject the serum as long as a foul clot remains in the uterus, or in the lateral sinus.

3. Bacteriological examination both of the focus of infection and of the blood should be made, in order to form an accurate diagnosis, and to ascertain what organism or organisms are the cause of the disease.

4. The appropriate serum must be used. Herein lies the greatest difficulty, but it is at least possible to avoid using an antistreptococcal serum for a staphylococcal infection, and by employing a multivalent serum, one is more likely to obtain a satisfactory result. In cases of mixed infections more than one kind of serum might advantageously be employed.

Theoretically, the best plan would be to use a serum prepared against the very organism isolated from the individual case. In most instances, however, the acuteness of the disease renders this impracticable, but there are cases of chronic septicæmia in which such a proceeding would be quite possible. Some here will be able to recollect such a case—that of a man who, after a hernia operation, was, for a period extending over two or three years, a frequent visitor to the hospital for the purpose of having metastatic abscesses opened, until he eventually succumbed to lardaceous disease.

5. The dosage must be adequate.

The dosage must necessarily always be empirical, as it is impossible to estimate with accuracy the severity of the infection which is to be combated. But it is unlikely that 5 or 10 c.c. of serum, unless it be one of exceptional potency, given at intervals of many hours, will be of much value. The case which gets well with such emaculate dosage would probably recover without any serum at all. In the treatment of diphtheria some reasonable attempt is made to

suit the dosage to the severity of the case, but with the pyogenic infections that is a course which is but rarely adopted. One must of course remember that in diphtheria the antitoxin is standardised, and the dose is estimated in units, by which means the amount administered can be regulated. Such, however, is not the case with the antipyogenic sera, as ordinarily supplied, and the dose of these sera is reckoned in cubic centimetres, so that it is possible that 5 c.c. of one brand of serum may be equivalent to 10 or more c.c. of another.

Nevertheless, when we remember that on the one hand, in many cases where small quantities have been employed, a serum has proved futile; whilst, on the other hand, many successful cases have received very much larger amounts, we cannot but conclude that inadequacy of dosage is probably responsible for many of the failures.

A successful case, reported by Ballance and Low, received 263 c.c. in six days, but other recorded cases have received much larger quantities than that. Foulerton is of opinion that a fair trial has not been made unless at least 40 c.c. have been given within 12 hours. Berg advocates doses of 200 c.c. of antistreptococcic serum.

There is an impression abroad that the dosage should be regulated according to the age of the patient. In the paper by Milward, to which I have already referred, a case is alluded to where 50 c.c. of antitetanic serum were given to a child only 14 days old. This, writes the author, would be equivalent to giving to a ten stone man 583 c.c. in the same period.

There one must emphatically disagree. Providence does not adapt the dose of toxins to the weight of the patient; and it is therefore necessary for us to regulate the antidote, not by age or weight, but according to what we may judge to be the severity of the infection.

It has never been shewn that the use of reasonably large doses of antitoxin is harmful, although in excess the injection of a serum produces hæmolysis. The rashes and joint pains which sometimes occur can be produced by the injection of fresh normal horse serum, and are both transitory and unimportant.

6. The serum must be fresh. This is a point of the greatest moment. An antibacterial serum very rapidly deteriorates, and the "immune body," present in such a serum, is useless without the "complement," which is a very unstable body, and only present in small amount. If the "complement" in the patient's blood is also inadequate, then the "immune body" will be unable to act. Wassermann found that by giving fresh normal ox serum, together with the specific antiserum, he could protect animals against virulent

cultures which, when the specific serum was used alone, caused early death. He proposed, therefore, that fresh normal ox serum should be injected together with the antibacterial serum, so as to add a fresh supply of the "complement."

Bokenham, who was one of the first to make a multivalent anti-streptococcic serum, and who obtained good clinical results with it, came to the conclusion, that the more freshly prepared it was the better were the results obtained; and that the serum had become inert after the elapse of three to four weeks.

7. Unsuccessful as well as successful cases should be recorded, but it is to be feared that so long as the surgeon remains merely human this last condition will continue to be the hardest one to comply with.

If all these points are considered just, then I think it must be admitted that the antipyogenic sera have not yet had anything like a fair trial; nor will they until those responsible for their administration approach the subject in a scientific spirit, bearing in mind that the essential conditions are :—

Accurate bacteriological investigation.

Selection of appropriate cases.

Employment of the appropriate antiserum.

And adequate and early dosage.

P. W. G. SARGENT.

Christmas in the Hospital.

As the Patients said, Christmas this year was one large bean-feast! Early in December sisters and staff-nurses were busy buying Christmas "what-nots," and even probationers showed signs of suppressed excitement, whilst Timothy's tail and bark ceased not in their action night or day!

In spite of the influence of the *nouveau art* on the decorations, we were glad to see that our old friend the mistletoe was not omitted in appropriate places. The decorations in one particular ward struck us as being exceptionally artistic—we refrain from naming the ward. [No correspondence on this matter will be answered.—Ed.] The decorations were got up, not without the usual list of casualties, with an occasional rest for ever welcome tea.

Entertainments throughout the week were quite up to the usual standard, which is synonymous with excellence. Two pianolas were very kindly lent by the Pianotist and Apollo Piano-player Company, and were much appreciated; the R. A. P. was a delicate exponent of many charming pieces on these instruments, and was invariably vociferously encored. We hear that he is now seriously considering taking up the musical profession; his temperament and appearance lend credence to this rumour.

The dulcet tones of the carols rolled harmoniously down the length of the hospital like some soft summer wave on seductive golden shore! A suffused blush over each and every cheek was an acknowledgment which fully repaid the uproarious applause of the enchanted audiences. *Sic transit gloria!*

Our ever-green friend, Mr. Lionel Brough, delighted all with stories told as he alone can tell them, and was supported by an able company of friends. The pierrots were, as usual, to the fore, and if diminished in number, made their presence felt not one jot the less.

The Curette (by kind permission of the Vicar) told his only joke one hundred times, with one result in every case—they roared! We now know how a mushroom can grow in a wrda, but deprecate the practice of some members of our staff bringing their motor-cars, whether the cheap hired variety or the Panhard, into the wards.

Miss Polly O'Myelitis was enough to make a cat laugh (with apologies to Charley's Aunt), and her prescriptions for colly-wobbles might well be given a trial in our medical wards. Her duets with the Curette never failed to amuse and were nightly encored. A topical poet and composer had been hard at work, and we believe that a member of our resident surgical staff was responsible for the rousing refrain and words of the ode to St. Thomas's. May we hear more from his pen !

We must take this opportunity of undeceiving our readers as to the sex of the Pierrot who took the part of a Native Queen. She was not a lady.

Among the more serious items, we would especially mention the "Venetian Song," exquisitely sung by Miss Polly O'Myelitis and Sir Felix Mas. The baritone songs of the latter were much appreciated ; and the chorus sang out well towards the end of each evening.

To Uncle Clonus the worthy conductor is due all praise for leading so successful a troupe, and we tender him our best thanks for adding so materially to our happiness this Xmas.

The Knife.

IT was a dismal evening in November. A drizzling rain rendered the appearance of the dreary landscape even more depressing and cheerless, and the sodden rooks cawed a melancholy dirge as the last rays of the yellow sun smattered feebly on the leafless boughs of the dejected and stunted trees. All Nature seemed drenched and overwhelmed by a damp and dispiriting atmosphere of gloomy desolation.

The weather was rotten.

There was an ominous air of brooding unrest and anxious expectancy in the awed manner of the postman as he delivered the letters at the castle lodge. Even the village constable held his breath and walked on rubber-shod heels past the gates, whilst within the courtyard the very ostlers sank their voices to a low hiss as they mechanically groomed the Ducal stud. For there was death up at the Great House.

Death, or something deuced like it.

All day long the servants had passed to and fro on their duties with hushed mien, or had gathered in whispering groups in the corridors. My Lady's maid, with red-rimmed eyes and choking voice, had thrice appeared in the kitchen to replenish a golden bowl with bouillon. Thrice that morn and thrice that afternoon had she come, and thrice again that evening were the perspiring cooks to be cheered by the thought that their loved mistress could still take nourishment.

The Eminent Specialist had just arrived from London. His silk hat, warm from his head, lay on the ground where he had cast it, the soft nap wafted idly by the evening zephyr. The carriage which had brought him still rocked on its springs. The horses lay exhausted on the gravel.

The coachman drank beer in the Servants' Hall.

Within her darkened chamber, prone on the couch reputed with such evident truth to have been once sat on heavily by the great Cromwell, lay the Lady Ermyntude, pronounced Gertrudine, and spelt Gwladwys.

Hers was no ordinary type of beauty. Her hair was a trifle too scanty, her teeth a little too irregular and decayed, her complexion a thought too pathological, her single eye a shade too staring, her platysma a suspicion too loosely hung, her nose a fragment too disjointed to form a really perfect loveliness, yet her strongly emphasised eyebrows fixed in raised astonishment ever since her mirror first gave 'ghast pourtray to her wondering gaze stamped

her with that scornful air of proud regurgitation ever the birthright of the haughty Vaselines, now, alas! clouded by the pallid dignity of a disease which for years had dogged her footsteps.

She was a rum 'un to look at.

His Grace the Stoup of Burgundy feverishly strode the apartment in an agony of suspended frenzy and ill-suppressed agitation. Where now was the austere aristocrat ironically cheered by his cabman as he disdainfully ascended the steps of his Club in Pall Mall? Where now the majestic deportment and imperious presence that had opened local bazaars like so many oysters? Where now the proud noble whose fiery glance necessitated the use of tinted glasses when speaking to one of inferior rank?

Clean off it.

To and fro he walked, now glancing with paternal tenderness at the figure of his only daughter, now gazing with nervous anxiety at the silent figure of the great man near the window.

Suddenly he stopped; his hoarse and blood-shot voice rang through the room:—

“ Must it —— ”

His voice broke into rusty fragments. The varnish on his boots rose into blistered ovals. His grey locks fell into tangled knots. His coronet of gilded steel bittered deep into his engorged brow. His teeth closed over his nether lip until bone met ivory. The effort to control himself was almost beyond even his iron will. Again the jagged syllables forced their way through the tense atmosphere.

“ Must it —— ”

A pitiful moan burst from the chalkstoned lips of the patient. A nurse bent aside the silver spoon found embedded in her mouth at birth and administered a few drops of some amber-coloured cordial. The effect was magical as the life-giving fluid coursed its way through her veins. Her features twitched, her limbs moved convulsively, her eye gleamed, her teeth chattered and she gave utterance to a few disjointed words as the nurse hastily mopped her chin and neck. Then once again she sank back into coma.

“ Must it be —— the knife? ”

The grim, gaunt figure at the window turned slowly round. The shrewd yet kindly eyes assumed a piercing expression, the massive jaw set with plaster-like firmness, the genial dewlap stiffened into professional severity.

“ It must be —— ”

He paused and flicked a stray streptococcus from his sleeve, raised his head and clasped his hands behind his back. The

suspense was terrible. Twice did the events of his past life array themselves before His Grace's mind. He scarce raised a brow. His veins slowly became rigid with congealed blood.

“ ——— the knife ! ”

The Great Chiropodist had spoken.

WE HAVE BEEN REQUESTED TO STATE THAT IT IS NOT TRUE :—

1. “ That the technical name for weeping is *Lacrimation*.”
 2. “ That the Secretary's office has been supplied with a medical dictionary.”
 3. “ That a candidate at the recent examination in Surgery, when asked to describe amputation at the site of election, said, *that he came to be examined in Surgery, not to discuss politics*.”
 4. That the same candidate said that “ Myxoma was the name applied to mixed tumours.”
 5. That Dr. Greg was summoned at midnight to examine “ Timothy.”
 6. “ That Timothy was suffering from Bolophagia.”
 7. “ That no Ball was to be found.”
 8. “ That there was a record attendance at a certain Clinical Lecture in December.”
 9. “ That a venerable house officer returning home rather late recently, threw his boots out of the window and placed the stump of his cigar outside his door.”
-

Hospital News.

Dr. Sharkey has been appointed Bradshaw Lecturer to the Royal College of Physicians of London, for 1906.

* * *

Mr. Makins has been elected an Examiner in Surgery at the University of Cambridge.

* * *

Dr. Turney will commence his Course of Lectures on Special Pathology early in January, while Mr. Dudgeon will continue to give his demonstrations on Morbid Anatomy, on Saturday Mornings.

* * *

We offer our heartiest congratulations to Dr. Dean who has been elected Medical Registrar, and also for being unanimously appointed Editor of the Hospital Gazette. He is so universally popular that quite apart from his undoubted capabilities he is certain to prove himself to be invaluable both as Registrar and Editor.

* * *

Every St. Thomas's Man will greatly regret that Mr. Mavrogordato's term of office as Medical Registrar has expired. He has been so intimately associated with the hospital for so many years that his loss will be felt by all.

* * *

Hearty congratulations to Dr. Langley on obtaining the M.D. Degree of the University of London; more especially while so busily engaged in the duties of House Physician to Dr. Sharkey.

* * *

The Xmas festivities were as bright and cheerful as ever. Mr. Bingham accomplished a remarkable performance by falling from the highest point in one of the Wards on to the floor below. Luckily no one was there. Unfortunately this novel way of amusing the patients was only actually witnessed by a few. It is certainly an error on Mr. Thompson's part that he did not fall at the same time.

We must offer our thanks to the Pianotist Piano Player Co. of Regent Street, and the Apollo Piano Player Co. of Berners Street, for the loan of Musical instruments during Xmas week.

* * *

The following lines are taken from a Continental advertisement printed in English !

“ Gentleman,

“ We have the honour of informing you that our Grand-”
“ Catalogue is just out and his for the gratis forwarding at the ”
“ disposal of the in—and outlandish Medical Circles.”

* * *

This interesting announcement quite recently appeared in one of the Evening papers. To whom we are indebted for this information we are unable to say, probably it would be better not to ascertain.

The reply at St. Thomas's Hospital was : “ Fogs are not detrimental to Consumptive diseases. We never take our open air patients in except in very black fogs. I have not noticed whether the yellow or the black fogs are the worse.”

* * *

Some queer articles are occasionally requisitioned in Hospitals. Here are some that have been recently asked for :—

“ A boiled SOWL.” “ A salt SELLAR.” “ Some JELLEY.” “ Some MUGGS ” ! ! !

* * *

Extracted from a well known evening paper.

“ VIOLENT ONSLAUGHT ON A BACTERIOLOGIST.”

“ There was a disturbance on Thursday evening (at Funchal, Madeira) owing to a violent demonstration against the bacteriologist. The police used their weapons, and two men were wounded with gun shot.”

If only the mob could have realised for one moment that the bacteriologist could, without much trouble, reduce their number to zero, they might have reconsidered the course which they adopted.

Books for Review.

"CLINICAL OBSTETRICS." By Robert Jardine. 2nd Edition. Price 17/-. (Rebman, Ltd., London and New York.)

This volume to a great extent covers the same ground as an ordinary text-book of midwifery, but the entirely novel plan is adopted of giving short reports of cases studied by the author in his practice.

At the outset we may state at once that this book has been written for the senior student and post-graduate man rather than for one commencing to learn midwifery.

In the treatment of eclampsia the use of saline infusions as a routine is recommended, but the question is discussed from a broad point of view and clinical summaries of 21 cases treated by this method are given.

The influence of cardiac disease on pregnancy is dealt with at length and the effects of the various lesions illustrated by a collection of 7 cases.

In the body of the work all the complications and abnormalities of labour due to foetal or maternal causes are treated from a clinical standpoint, and actual cases freely detailed.

The author strongly advocates aseptic methods in the practice of midwifery and fully describes his technique in the chapters on obstetric operations. Regarded as supplementary to a text book of midwifery, Dr. Jardine's "Clinical Obstetrics" should prove of value.

Club Notices.

CROSS COUNTRY.

UNITED HOSPITALS H. AND H. v. DUBLIN UNIVERSITY H.

UNITED HOSPITALS WIN.

This annual match took place, over a six miles course, at Blackheath, and resulted in a win for the United Hospitals with the lower total of 15 points to 40. Scoring was on the University system, cognisance being taken of only the first five men on each side. The points were:—

United Hospitals H. and H.: 1, 2, 3, 4, 5—15.

Dublin University H.: 6, 7, 8, 9, 10—40.

Order of finishing:—G. C. Birt, St. Thomas's, 84 min. 45 sec., 1; W. H. M. May, St. Bart.'s, 85 min. 35 sec., 2; A. L. Candler, St. Bart.'s, 85 min. 55 sec., 3; R. C. McLinnell, London, 86 min. 3 sec., 4; G. S. Woodruff, St. Bart.'s, 86 min. 38 sec., 5; G. G. Duggan, Dublin, 86 min. 50 sec., 6; W. H. Watson, Guy's, 87 min. 23 sec., 7; H. P. Hart, Dublin, 87 min. 40 sec., 8; G. Purdon, Dublin, 88 min. 18 sec., 9; F. W. H. Kerr, Dublin, 88 min. 36 sec., 10; G. M. Maybey, Dublin, 88 min. 43 sec., 11; F. Stevenson, Dublin, 88 min. 43 1-5 sec., 12; G. N. Morphy, Dublin, 89 min. 10 sec., 13; O. S. Norton, Guy's, 89 min. 11 sec., 14.

At a mile and a half the order was Birt, May, Linnell, Morphy and Candler. A mile further on Morphy fell back, and Candler passed Linnell, the order then being as the runners eventually reached home.

The Irishmen were afterwards entertained to dinner by the United Hospitals Hare and Hounds at the Criterion Restaurant, under the Chairmanship of Mr. J. E. Fowler-Dixon, L.A.C.

THE SEVEN YEARS' RULE.

At the same time that the draw was made the seven years' rule proposed by St. Mary's, and seconded by Guy's, was carried unanimously. It does not come into force at once, but from 1907 onwards a man may play for his hospital for seven seasons. At present any player over five years at a hospital is debarred from playing for his hospital. For years Guy's have striven to bring about the very sensible seven years' rule, but the majority of the other hospitals have opposed tooth and nail. The proposal was carried with the following reservation—namely, that next year six years should be the limit.

CRICKET CLUB.

A meeting of the above club was held in the medical theatre to appoint officers for the ensuing year.

Mr. Parsons was in the chair. F. M. Neild was elected captain and F. H. Holl hon. sec. and vice-captain, E. L. Fyffe captain of 2nd XI., and E. H. Marshall hon. sec. G. R. Footner, F. S. Hewitt, N. S. Hoare and C. M. Page were on the Committee.

RUGBY FOOTBALL.

On December 16th an "A" XV. match against the Marlborough Nomads was played at Chiswick. We had to lend two men, and both sides played short. We had the best of the game all through. Meek scored three tries, Grimwade two, and Neild, Abraham, Harper, Sutton and Wheeler also scored. We finished with 84 points to 11 in our favour, two of the tries being converted. The team was:—

W. H. R. Sutton; E. L. Atkinson, A. G. V. French, R. B. Abraham, J. N. Wheeler, F. M. Neild, W. O. Meek; H. L. Gamlen, S. W. Grimwade, P. Harper, H. L. Barwick, C. T. V. Benson, M. L. C. Irvine, J. R. C. Archer.

INTER-HOSPITAL CHALLENGE CUP—1ST XV.

	<i>1st Round.</i>	<i>2nd Round.</i>	<i>Semi-Final.</i>	<i>Final.</i>	
University ...	}	}	}	}	
King's... ..					
London ...					
Charing X. ...					
Middlesex ...	}	}	}		
Westminster					
Guy's	}	}	}		
Bart.'s					
Thomas's ...	}	}	}		
Mary's... ..					

2ND XV.

	1st Round.	2nd Round.	Final.	
Guy's	}	}	}	
University				
Mary's	}	}		
Bart.'s... ..				
London	}	}		
Thomas's				

Examination News.

UNIVERSITY OF OXFORD, December, 1905.

Second M.B.*Pathology.*—R. C. Jewesbury.*Forensic Medicine and Public Health.*—H. B. Billups, H. A. Philpot, A. G. J. Thompson.*Medicine, Surgery and Midwifery.*—H. C. Squires.

UNIVERSITY OF CAMBRIDGE, December, 1905.

Second Examination.*Human Anatomy and Physiology.*—W. N. Child.**Third Examination.***Pharmacology and General Pathology.*—S. P. Chan, S. Churchill, H. E. T. Dawes, H. Dimock, N. W. Jenkins, W. S. Leicester, O. R. Smale, R. Svenssen, F. B. Treves, C. E. Whitehead.*Surgery, Midwifery, and Medicine.*—C. Akerman, A. D. Brunwin, M. A. Cassidy, J. N. F. Fergusson, H. T. Gray, S. A. Henry, F. S. Hewitt, A. B. Howitt, J. C. Lawton Roberts, W. P. Williams.

UNIVERSITY OF LONDON, December, 1905.

M.D. Examination.**Branch 1—(Medicine).**—G. J. Langley, B.S.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall. The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *London Hospital Gazette*, the *Guy's Hospital Gazette*, the *St. Bartholomew's Hospital Journal*, the *Middlesex Hospital Journal*, the *Journal of the Royal Army Medical Corps*, the *Charing Cross Hospital Gazette*, the *Post-Graduate*, the *St. Mary's Hospital Gazette*, the *Westminster Hospital Gazette*, the *Gazette of the London School of Medicine for Women*, the *University of Durham College of Medicine Gazette*, and *St. George's Hospital Gazette*.

St. Thomas's Hospital Gazette.

No. 2.

FEBRUARY, 1906.

VOL. XVI.

Hospital Notes.

FEBRUARY, 1906.

IT is, perhaps, inevitable that the office of editor of this Journal should not remain in the same hands for any great length of time, and a change of editors must of necessity be no very uncommon event.

In the present instance the fact that Dr. Dudgeon has found it necessary to give up these duties, can have come as no surprise to those who know the innumerable calls that are made on his apparently inexhaustible supply of energy.

Of his work in the laboratory this is no time and no place to speak, but for the manner in which he has conducted the *Gazette* he has earned the gratitude of all St. Thomas's men. We shall miss his genial vigour from these pages, but we shall not grudge to him the extra hours that he will gain for the service of Pathology and of this hospital.

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Dr. Acland has been elected a member of the Council of the Royal College of Physicians. We should like, in the name of the members of this hospital, to congratulate him on so well merited a distinction.

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Dr. Turney has been elected a member of the Council of the Neurological Society. He has also been made a member of the Committee appointed by the Royal College of Physicians to examine and report upon the curriculum in midwifery, and the diseases of women.

* * *

Mr. Ballance will deliver the second Lettsomian lecture at the Royal College of Surgeons, on February 19th. The subject is "Some Points in the Surgery of Brain Abscess." The third lecture, dealing with "Some Points in the Surgery of Brain Tumour," will be delivered on March the 5th.

The School, by dint of strenuous effort, has succeeded in diminishing its numbers to the tune of some 18 newly qualified practitioners. To all of these we offer our congratulations.

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In the final examinations of the conjoint board last January, 36 Candidates out of 50 were successful. In the R.A.M.C. examination we did even better, as all four Candidates passed; the second, fifth and fourteenth places being secured by St. Thomas's men.

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Mr. Battle's recent lectures on the "Acute Abdomen" have been published in the *Lancet*, and those who did not hear them delivered will have the opportunity of reading an admirable disquisition on a very important and interesting subject.

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A Children's Surgical Department for Out-Patients has recently been started. Under Mr. Sargent's able management it may soon hope to rival its medical prototype.

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It is rather difficult to write with level mind so soon after the disappointment of the Cup Tie. We all feel sympathy with the team who shewed, during the last ten minutes of their first game with St. Mary's, that it is not for want of pluck and grit that we have to record defeat. The last quarter of an hour of that game was magnificent. The pity is, that there was not more like it. On the second day we seemed to be fairly outplayed, and victory certainly went to the better side. It was good to see so many of the staff turning up to watch the games.

The Surgical side was particularly well represented, and Mr. Makins, Mr. Battle and Mr. Robinson, a veteran half-back of no mean reputation, were numbered among the on-lookers.

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A very notable addition has been made to the teaching staff of the Medical School in the person of Mr. J. F. Cunningham. The Secretary of the XV of seven years ago needs no introduction to St. Thomas's men, and the appointment will be inevitably a very popular one. Those who are reading Physiology will find in him a friend who will always be glad to give them a helping hand.

The *Conversazione* and the somewhat belated Lillian Toy competition brought the festive season to a close. Mr. Wyatt is to be congratulated as well on the innovations which he devised as on the masterly manner in which all the arrangements were carried out.

The onerous duty of awarding the prizes in the competition was admirably performed by Dr. Sharkey. The high standard attained by the winners is amply testified by the fact that so formidable an animal as the gazeka had to content itself with commendation.

* * *

Mr. Thomas Seward has retired from the office of Clerk of the Works, which he has so well filled during the last 20 years. Few probably are aware that his connection with the hospital dates back to the erection of the present building in the superintendence of which he took a prominent part. He will be greatly missed by those among whom he worked.

* * *

All old students are particularly requested to forward to the Editor any news of themselves or of each other. It is hoped that it may be possible in this way for the *Gazette* to afford increased interest to those who are of necessity no longer in close touch with the hospital. It is felt that some account of the doings of their own contemporaries is naturally of equal or greater interest to them than any description of matters of purely local importance. Such a scheme can obviously only be carried out with the co-operation of those to whom we make this appeal. Any notice, then, of the doings of an old student will be very thankfully welcomed by the Editor.

Present and past students are asked to send to the *Gazette* short accounts of such humorous incidents as may come under their notice. Stories from the school, the out-patient rooms, the wards or the private practices of our readers, are very especially requested.

Midwifery practice of the Present Day, and the training required for it.

A paper read at the Medical & Physical Society on November 30th,

by

J. S. FAIRBAIRN.

(Continued.)

II.—THE PRACTICE OF THE PRESENT DAY.

FROM what has been said in regard to the subject of training, you will recognise that the man who is most up-to-date in his midwifery work is the man who has learnt most successfully to apply what he has learnt in the surgical wards and theatres of the hospital to the lying-in room. Still it is manifestly impossible to conduct the ordinary maternity case as if it were a surgical operation. I have already said that it is more difficult to carry out the technique as thoroughly as at an operation because both clean and unclean work have to be done at the same time, and because of difficulties in household arrangements and of the public not being educated up to the level of modern requirements. What is required is to bring all that is essential and practicable of hospital methods into the lying-in room. To begin with there is the assistant in the shape of the nurse. The ordinary monthly nurse has often very little idea of surgical cleanliness, and in practice a certain amount must be left to her, especially in regard to preparation and after-treatment. If you are fortunate enough to know of a few reliable women, who have had sufficient training to do all that you may require of them, then you should insist as far as possible on your patients taking one of your nomination. If the patient is left to herself in this matter she will choose some worthy creature who is 'sympathetic' and no bother in the house—probably because she does not make trouble for the servants by asking for cans of water and adding to the household washing. In the country and smaller towns it may be difficult to get a woman with sufficient training except from a distance, but in the bigger towns there are plenty of good nurses to be found. If this has been done the preparation of the patient and the preparatory cleansing at the onset of labour may be left to the nurse, otherwise the doctor must see to this himself. The same thing holds good for the arrangement of the room. Most nurses trained or untrained wear a washing dress and as the medical attendant must not expect from them more than he is prepared to do himself, he must not be

content with rolling up his coat sleeves or at most removing his professional frock coat (in case it is covered with wool and fluff), and turning up his shirt sleeves. From the patient's point of view it is evident that a man doing general practice will be safer if he is enclosed in a clean overall. This ought to be an essential.

The cleansing of the hands is done as for a surgical operation and therefore needs no further mention here. But do not forget that the rule that is impressed on you so constantly at operations—to keep the hands out of the wound as far as possible—has an application in midwifery work also; as few vaginal examinations as possible are to be made in order to minimise the danger of infection and that means that the more skilled you become in abdominal examination the better will your technique be. Rubber gloves are as valuable in obstetrics as they are in surgery. It is almost as easy to make a vaginal examination with gloves as without, and to my mind it is actually easier to apply forceps with gloved hand. Their smooth surface does away with any need of a lubricant of doubtful asepsis, and more of the hand can be passed into the pelvis, so that the blades of the forceps can be more easily guided into position. In a difficult high forceps operation the gloves can be removed before traction is applied if they interfere with the grasp on the handles. I have had so little experience with gloves in internal version that I cannot speak as decidedly as in the case of forceps, but what experience I have had makes me think that their disadvantages are more than counterbalanced by the ease with which the smooth covered hands can be passed into the uterus. Perhaps the greatest advantage is in their use in manual delivery of the placenta. When the hand has to be passed not into the amniotic sac as in the operations of the second stage, but into the naked uterine cavity the risk of infection is greater than in any other obstetric operation. Therefore it is well worth while carrying gloves, if it is only for the peace of mind which their use brings after a case in which it has been necessary to put the hand into the uterus to remove the placenta. There is one other occasion on which they ought always to be used, and that is when it is necessary to explore the puerperal uterus on account of retained portions of placenta, or owing to the development of sapræmic symptoms. They do not interfere with the touch to any appreciable extent, and they not only avoid the danger of introducing a fresh infection, such as a septic infection on the top of a putrefactive, but they prevent the soiling of the operator's hands, a most important matter in the case of a man who has much midwifery work to do, and may be the means of carrying infection to other patients. Therefore I strongly advise all of you to carry gloves with you to your cases,

and to use them in all operative procedures even if you do not use them for examination purposes.

Before leaving the question of hands it may be worth while to say a few words on the matter of a lubricant. It is now generally agreed that the antiseptic in oily compounds is ineffective, and certainly the carbolised vaseline as ordinarily used has no place in a strict technique. The chief value of such material is in the protection to the fingers of the attendant in the case of infection from the patient. The great advantage of lysol is that it forms a soapy solution, and thus acts as an efficient lubricant as well as a disinfectant, but there is rarely any need to use anything of the sort as the hand can be passed straight from any lotion into the vagina. If anything is used sterilised glycerine, or glycerine and perchloride, are best.

Now as regards instruments. As private patients should be given the same advantages as hospital patients, all instruments should be boiled before use, and in the patient's house. As a fish-kettle, or other means of boiling instruments as large as forceps may not be available, this means that a large steriliser must be carried, and with it a lamp and spirit so as to be quite independent of the resources of the household. This is no great trouble if you do not start with the idea that the ordinary O.C. bag is the proper size for midwifery work. The bag must be big enough to take the steriliser, which can be packed with all sorts of things so as to economise space. Those who have to work in small houses where there is not much room for all their apparatus, or who are frequently involved in carrying their bag themselves so that the weight is a matter of considerable moment, may adopt the less satisfactory plan of boiling the instruments at home, and carrying them in a sterilised cover to the patient's house. After boiling they ought to be dried with a clean towel, and be wrapped in another with its ends pinned up so as to prevent soiling in the bag. The linen case so often used is not satisfactory if the instruments are not boiled just before use, as it cannot be considered aseptic by any stretch of the imagination.

After labour all that is required is to see that the patient is cleaned up properly, and that the pads are changed frequently throughout the lying-in time, and that the vulva is well washed over after the bowel or bladder is evacuated. Under ordinary circumstances a vaginal douche is unnecessary, and intra-uterine douches are only indicated on those occasions when the hand has been passed into the uterine cavity, as for the removal of the placenta, apart from those occasions on which it is done for hæmorrhage. As only the mechanical effect is needed, boiled water or some harmless disinfectant is best.

There is no object to be gained in going further into details of this kind, as all of you are familiar with them, but I would like to spend a few moments on the question of puerperal infection. Some of you may think, if not now, certainly after you have been in practice some years, that all this striving after the introduction of hospital methods into private practice is an unnecessary labour, as otherwise puerperal troubles would be much more frequent. At any rate you will meet many men who will say so, and will tell you that they have done hundreds of cases without all this bother, and have never had any ill results. That they have escaped disaster is no argument and statistics show that the death-rate from puerperal sepsis outside the lying-in hospitals has been unaffected by the introduction of antiseptic methods, whilst in the hospitals it has almost reached vanishing point. Dr. Boxall recently prepared some interesting and very striking figures on this point.* For the purpose of comparison, he took the septic death-rate of the York Road Hospital from 1879 to 1904, and compared it with the general septic death-rate in England and Wales during the last three years for which the figures were available, 1901 to 1903. This is a very severe test for the Hospital, as it includes the very early years of antiseptics, and the hospital naturally has more difficult cases than the average of outside practice, and among them a good many cases sent in in the course of labour, after prolonged and ineffectual attempts at delivery have already been made. The statistics show that in over 11,000 cases the hospital death-rate from sepsis was 1 in 799; and if the cases in which interference had been begun outside were excluded, the rate was only 1 in 1,398. The figures from 1888 to 1904 are even more striking, as the death-rate for all cases in hospital was only 1 in 2,068, and if only those conducted from the commencement of labour in hospital are considered, the rate was nil. For England and Wales the death-rate from puerperal sepsis for the three years mentioned was 1 in 490, or $1\frac{1}{3}$ ths greater than that in the York Road Hospital for 25 years, and if the cases sent in in labour are excluded, the general death-rate is nearly three times the hospital death-rate. This is sufficiently striking evidence of the need for a general adoption of hospital methods, and it becomes still stronger if you consider what the Registrar General's figures include. His figures only represent the fatal cases, and many of these are recorded elsewhere rather than under puerperal fever. For instance, many of such deaths are signed up as pneumonia, typhoid fever, thrombosis, and so on, for puerperal septicæmia does

* See the *Journ. of Obstet. and Gynec. of the Brit. Emp.* for May, 1905. The figures are well worth studying as the returns for a large number of years have been analysed and compared with the Hospital records. The cause in Child-bed is divided into Puerperal Septic Disease and the Accidents of Childbirth. The first is the one chiefly considered.

not look well on a death certificate, and the medical profession is not exempt from the failings of the rest of mankind. Also these returns give no indication of the cases that recover, in other words, of the morbidity, and with the improvement in the treatment of puerperal sepsis, the disease is not as fatal as it was. You have only to think of the number of cases of puerperal abscess and pelvic inflammation that you see in Adelaide, to understand how much serious trouble results from infection at child-birth in addition to the actual mortality.

All this may be summed up by saying that whereas before the Listerian era the lying-in hospitals were death-traps, they are now far safer places for lying-in than private houses; on the other hand, the antiseptic methods have as yet shown no sign of diminishing the puerperal death-rate throughout the country as a whole. This is not entirely the fault of the medical profession, as the worst figures come from places like Glamorganshire, where the women are largely attended by ignorant midwives. Still, this is not enough to explain the whole difference; Dr. Cullingworth pointed this out in a Presidential Address at the Obstetrical Society, when he showed that many of the better class districts in London were among the worst offenders in this respect. The truth of the matter is that outside practice has failed where the hospitals have succeeded; the explanation must be that the strict technique is essential if this, the most evidently preventable of preventable diseases, is to be stamped out in the country as successfully as it has been in the hospitals. The necessity of learning these methods from the commencement of his practical midwifery work is perhaps the strongest argument for training the student in hospital before allowing him to undertake cases in the district.

Now that I have described the training for and the methods to be adopted in modern midwifery practice, I have very little time left to tell you much of the details of the work. It is another disadvantage of your not having hospital instruction in this branch of your profession that you get little opportunity of learning by watching the methods of your teachers. You have to learn by yourselves how best to apply your theoretical teaching, so I will try and sketch a few points in which private practice differs from work in the district. Mr. Rudyard Kipling says—

“The Colonel's lady an' Judy O'Grady
Are sisters under their skins,”

and you will find that there is little difference between one woman in labour and another, whether she happens to live in Lambeth or Belgravia, although the Colonel's lady expects rather more from her accoucheur than Judy O'Grady does from the O. C. To begin with,

she does not like it if that most frequent episode in the district, the B.B.A., occurs in her case, and if you wish to be a success in private you must take more trouble to avoid this than you do on O. C. So many considerations come into the question of deciding whether it is advisable to stay or not, quite apart from the stage of labour in which the patient is, such as the accessibility of the house and the sort of woman in charge as nurse, and the other work the practitioner has to do, that no rules can be formulated; the whole thing is a matter of judgment. For example, a telephone in the house may make it easy to cut things rather fine when a five-mile drive would mean waiting for hours. Sometimes you will find that men in busy practice will allow a trained nurse in charge of the case to make examinations and only advise them when things are evidently imminent. This is bad; for, however much confidence the man may have in the nurse, it entails frequent vaginal examinations, which, as I have shown, is bad technique; and in any case, if anything goes wrong, the doctor in charge must take full responsibility for the acts of his agent.

Your duty at a case of labour is first to watch for anything going wrong and interfere if necessary; and second, to use all justifiable means at your disposal to alleviate your patient's suffering and shorten her time in labour. As I am not considering cases of complicated labour, I will only run over what comes under the second category. The best way to do this is to consider what can be done during each of the three stages of labour. The first stage offers little opportunity for your help. You will find that patients begin to call out for chloroform quite early in this period, but you must harden your heart and persuade them that it will not do, but that you will begin as soon as you can. If she is having good pains you will not have to keep your patient waiting long, but if she is having weak and irregular uterine contractions you will be in for a good deal of bother. What can you do? I think that there is one thing quite certain and that is that there is no drug in the pharmacopoeia which will make weak and irregular contractions into strong and effectual ones. Ergot is a dangerous drug to try and quinine is inefficient, even if you give it in big enough doses to cause a splitting headache. As you all know the best thing to do in cases of uterine inertia in the first stage is to get the patient to rest for a time and hope that the pains will come on stronger afterwards. The question is as to the best way to effect this end. If the os is still quite small, and especially if there is some of the spasmodic rigidity of the cervix which is often present with weak pains, then I think that there is no question that the best means of doing this is to use what is most efficient in all cases with pain and spasm, and that is to give a hypodermic injection of morphia. It acts quicker

and with more certainty than any of the sedative drugs like bromide and chloral, it gives greater relief to the patient, and if there is such a thing as spasm of the os, it seems to me to be the most likely thing to relieve it. In such cases, I use one of the tabloids of morphia, gr. $\frac{1}{4}$, with atropine $\frac{1}{16}$; I cannot say whether the atropine is of any special value, but it is said to minimise some of the troublesome effects of morphia and it may also be good for the hypothetical spasm, but this combination forms a very convenient and efficient preparation for the purpose.

In rare cases chloroform may be of use in the first stage, viz., in cases where the patient is having frequent colicky contractions of the uterus, causing great pain with very little result, the os remaining hard and rigid. These patients are usually neurotic and highly strung women and a little chloroform may result in marked relaxation of the os, and if things do not progress then a bag may be put in. The worst of an anæsthetic in such people is that they often lose what self-control they had, and as they cannot be kept completely under throughout the labour, they are often more troublesome than before as the effect of the chloroform wears off.

When we come to the second stage we come to the time when artificial aid can do most to assist the patient and as it is the most painful part of labour we can congratulate ourselves that we can do as much as we can. Chloroform is of course the chief means to this end. I do not think that there is anything to be said against it except its action in diminishing the uterine activity, and its use is so general and so well known that you will find that many patients stipulate that they are to have it. When is the time to begin its administration? Sometimes you will find it necessary to give a little before the first stage is quite complete as patients sometimes have very severe pains when the head comes down into the cervix to complete dilatation. When once the head gets down into the cavity of the pelvis and the cervix is fully taken up, there is no reason why your patient should not have the benefit of the insensibility it produces. Hence it is best to wait till the head is well through the cervix if you can, but if your patient is evidently suffering greatly then it may be begun before the os is quite fully taken up. As to the best way of giving it. There is no doubt that the Junker is far and away the most convenient. The depth of the anæsthesia depends on many circumstances. To begin with it is best only to give enough to put her to sleep, so that with each pain she comes to just to the extent of allowing bearing down efforts though not complete consciousness. You will find that this is often quite sufficient until the head is passing over the perineum, when the anæsthesia may be pushed to the full surgical degree so as to entirely

abolish all bearing down on the part of the patient, which enables you to control the delivery of the head so as to save damage to the perineum. These cases are the most favourable ones, when the patient can be kept unconscious and yet the uterine contractions, though slowed, continue strong, and with each one there occurs a certain amount of bearing down effort, so that within an hour the head begins to distend the perineum. Should there be some delay at this stage, the patient may be allowed to come round a little more to see whether that will increase the uterine activity and if this is not enough then she must be put under to the surgical degree and the head delivered by forceps. You will find that patients vary greatly as to the effect of chloroform; some will need only a whiff to keep them quiet and oblivious of pain and the labour will go on very little slower than if no anæsthetic was used; on the other hand you may find that your patient only loses her self control and becomes difficult to manage, so that it has to be pushed to its full surgical degree, with the result that there is a very marked slowing in the advance of the presenting part. In other words no absolute rule can be laid down as to the degree of anæsthesia required, when possible it ought only to be to the obstetrical degree, but not infrequently it will have to be pushed to the surgical or very near to it to keep the patient under control. For the same reason the exact time of its commencement cannot be stated for if the woman is willing to wait and you are anxious to avoid the use of forceps, then it may be postponed till the head is beginning to distend the perineum, and I think it is unfair to any woman to ask her to do without this amount of relief from our art. On the other hand if she is of the hyperæsthetic order, and getting out of control, or if she has had a long and tiring 1st stage, you will have to begin very early in the 2nd stage, or even just before this.

The fact that chloroform lengthens labour makes it likely that if it has to be begun early, or if it has to be pushed beyond the obstetrical degree, forceps will be required to end the labour. That is why you will find that in private practice the use of forceps is so much more frequent than in the district. The Colonel's wife expects chloroform and hence she so often has forceps too; Mrs. O'Grady does not get chloroform and she delivers herself.

This brings me to the consideration of the use of forceps in ordinary cases, and by that I do not mean in cases of absolute necessity, but in ordinary every day cases where it is done as part of the assistance that we can give to mitigate the sufferings of labour. Hence I am not going to talk of the text-book indications but of those which will make you use this means of shortening

labour when you have been in practice long enough to be able to formulate rules for yourselves for this class of case.

The first thing is that forceps must be reserved for the second stage. That you all know. When the os is fully dilated it is always advisable to wait an hour or so to watch the progress of things. If during that time the head has made good progress and appears likely to be born soon, then wait for the natural termination as there is no indication but your own impatience. The next thing is that sufficient care should be taken so as to avoid any chance of injury to the mother or child. That means that you must take plenty of time and especially so in taking the head over the perineum. In these cases of weak pains very little strength is required and, in a patient with a normal pelvis and an ordinary sized child, the fact that you have to use much power probably means that you have been in too great a hurry. There is no need to trouble about pulling with the pains. As soon as the instruments are locked, begin and, by means of a series of pulls, gradually bring the head on to the perineum. Then slowly extend the head as in the normal mechanism, watching the perineum very carefully and only allowing the head to come as far as you find the perineum will stand; by going slowly and keeping the occiput well forward you will manage in most cases to avoid any laceration. If the child is very blue and you think it necessary to expedite matters after the head is born, then draw down the posterior shoulder and deliver the rest of the body by pressure from above so that retraction takes place as the child is born. I have been very much struck in questioning students by the way men fear to suggest forceps for inertia because of the bogie of delivering during a period when the uterus is not actively contracting; as a matter of fact, when chloroform is administered the active contractions are not easily recognisable, although the uterus is quite able to retract down on the child as it is being born.

If patience is a great virtue in the first two stages, it is still a greater virtue in the third stage. It is especially needed in these chloroform cases with weak pains because the uterus has a way of taking rather a long rest after it has got rid of the child, and it is very important not to worry it till you have recognised in the way you are taught that the placenta has left the uterus and is in the vagina. If owing to its not leaving the uterus you decide on manual removal, then remember that owing to the risk of sepsis gloves ought always to be worn, and that an intra-uterine douche ought to follow.

The few points I have had time to touch on will be sufficient to indicate where private work differs from district work. The difference largely depends on the more general use of anæsthesia. That results in a weakening of the uterine activity, and that in its turn

leads to a more frequent use of forceps to complete delivery. The procedure in these cases is, however, a very different matter from the difficult operations you may see on the district and generally mean little more than lifting the head over the perineum. What I have tried to emphasize is that even this slight interference is only justified if you are prepared to take all the precautions that are considered necessary in hospital, and that without these precautions you cannot give your patients the advantages which their sisters obtain in Hospital.

Presentation of the Treasurer's Portrait.

ON January 16th one of the pleasantest functions in connection with the work of this Hospital that we have had to record for some years past took place in the Governors' Hall, when the Hospital was presented with a portrait of the Treasurer to be hung in the Grand Committee Room as a lasting memorial of the grand work which he has done for this Institution, and at the same time what might have been a replica but was really a second portrait was presented to Mrs. Wainwright, to be kept by the Treasurer's family as a lasting record of his devotion to the interests of St. Thomas's.

Not only were there many Governors and practically all the Staff present, but the meeting was graced by the presence of many ladies. Mr. Boysen, as the Senior Almoner, introduced to the meeting the Right Hon. The Lord Mayor, Alderman Walter Vaughan Morgan, who is himself not only a Governor, but an active member of the Grand Committee taking an active and keen interest in all that St. Thomas's does.

The Lord Mayor said :—

" I have had the pleasure of Mr. Wainwright's friendship for a great many years and nobody has a warmer appreciation of the good work of Mr. Wainwright than I. I did not know him when he first became a Governor of the Institution 40 years ago because I was then in the wilds of the City of London and more or less a country gentleman living in the suburbs. In 1892 I became by force a Governor of St. Thomas's Hospital, I say by force because I was then induced to accept the position of Alderman, when I became, whether I wanted it or not, a Governor of St. Thomas's. This did not satisfy me, I preferred to be a donation Governor rather than a statutory Governor, and I sent my good friend a cheque which I thought covered my dues and he acknowledged it

and said nothing until next time. Then he said: 'You did not do that thing quite right, the cheque was "not big enough."' So I paid up the balance in guineas which made me a Governor by right. Mr. Wainwright, as we all know, some of us by actual knowledge, has done admirable work for this Institution. He was not present at the birth of St. Thomas's Hospital, nor in fact was I, but he was present at the birth of the present building of this Hospital. He took a very active part in the erection of these admirable buildings and when he became Treasurer in 1890 he was the right man in the right place. During the time that I have served as a Governor I have always been struck, not only with the zeal, but with the ability of my good friend. What St. Thomas's Hospital would have done without him I don't know. I am quite sure of this that no man could have done more credit to himself and conducted the whole business of this Institution to the greater advantage of the Hospital than Mr. Wainwright. He is always to be found at his post, has his heart thoroughly in the work, as I hope many other good men have, but it is not every good man that has his heart in the work who has the same experience and judgment which our good friend has shown during the years he has been Treasurer. The burden of being Treasurer of St. Thomas's Hospital is a heavy one, but that burden he has borne right well. I am prepared to say that the Hospital is the most up to date of all the Hospitals in the world, but even now we find it necessary for constant improvements to be carried out and these are done under the direction of our good friend, and it is under his supervision and chiefly through his influence that the money has been found, without which the work could not be attempted. He put his shoulder to the wheel in the early days of his Treasurership, made use of one of my predecessors in the Mansion House and with the aid of the Mercers Company enabled Hospital Wards to be opened which had till that time been closed, and from that day to this St. Thomas's Hospital has been a great success in every way. New quarters for Nurses, new theatres have been built, new arrangements including this Hall and other things which would in fact take me all the rest of the afternoon to tell you what he has succeeded in achieving during the last twelve years. I feel it is an honour to ourselves to be here, for we have come to do honour to a man to whom honour is due and I ask that I may be allowed to unveil the portrait for acceptance by the Hospital."

Mr. Boyson, as Senior Almoner, then accepted the portrait on behalf of the Governors and stated how extremely pleased both he and all the Governors and Staff were with the portrait. They have been painted by Mr. J. H. F. Bacon, A.R.A., who has behaved with the greatest kindness in this matter, having been so zealous in his work as to undertake the painting of two portraits. Mr. Boyson

took the opportunity of calling the attention of the meeting to a matter which he knew was very dear to the heart of our Treasurer, namely, that of Medical Education. The demands on Medical Schools are increasing very much and it is impossible to foretell what their future will be. Owing to opposition which has been raised in certain quarters to help being given to the Medical School from Hospital Funds, there is a sort of crisis in Medical Education, and this is a matter which has engaged the attention of the Treasurer who, all the Governors knew, would give his usual ability and energy to secure a proper and just settlement of this difficult question.

On behalf of the Staff, Dr. Sharkey said it was his pleasant privilege to present to Mrs. Wainwright not, as has already been pointed out, a replica of the portrait of the Treasurer, but a new and a speaking likeness of him. It was not, he said, good taste to praise a man too much to his face, but he had no hesitation in saying that in the recollection of no one had there been so great a benefactor of St. Thomas's as Mr. Wainwright. The portrait he said was presented as a token of regard, esteem and affection, that all have for Mr. Wainwright, and he trusted that Mrs. Wainwright would accept it as a testimony of the gratitude of all here for the important share which she has taken in enabling the Treasurer to do what he has done for so many years for this Hospital.

In expressing thanks both on behalf of Mrs. Wainwright and of himself the Treasurer said—

“That the work it has been my great pleasure to carry out has met with so much honour overwhelms me. On such an occasion my mind is carried back 39 years when I first became a Governor. It was in 1866 that I was shown round the Hospital in Surrey Gardens by Mrs. Wardroper, and the late Mr. John Croft, who was then an Assistant Surgeon. From that day my interest in the work began. In 1871 I joined the Grand Committee, and in 1874 I joined the Almoners' Committee. I believe I am the only man who ever continued an Almoner for so long a period as sixteen years, as I served continuously in that position until I was called upon to undertake the Treasurership in March, 1890. I fully realised the great responsibilities I was taking with so much of the Hospital lying unused, a heavy debt, and funds deficient for the work, while the advance in science of medicine and surgery had been growing, that though the Hospital had been opened some twenty years only, many Departments required reorganising and developing. The warm manner in which I was received by the Governors, and the Medical and Surgical Staff, and the kind support I received gave me great encouragement. In old days the Staff and Governors each

worked on their own lines, each taking a deep interest in their Hospital, but as separate entities, with no direct intercourse, and no opportunity of combined conference. All this has changed, the Staff are, on the one hand, admitted to the Committees and Courts of Governors and the Governors are welcomed in the management of the School. There is no doubt that no work can be successful unless there is united effort and it has been a great joy to find that all, whether Governors or Staff, have worked happily together here with one aim and object—the advancement of our Hospital. I can assure you that I regard myself as abundantly repaid for my part in the work by the happy consciousness of the constant and steady progress which has been secured. It has been truly said the Hospital is a different place from what it was. Every department has been re-organised, enlarged and made fit for the discharge of its important duties, both as a place for the treatment and cure of disease, and the training of medical men for the Empire, and may I not add of those valuable and increasingly valued handmaids of the Doctors, our Nurses. It has been a great privilege to me to have had the warm support and helpful advice of that noble woman Florence Nightingale. Would indeed that her health could have been better. Though absent in body she is ever kept in the closest touch with everything going on in our midst. My wife is greatly touched by the extreme kindness which has prompted the thought of this valuable gift which was a delightful surprise to her and for which she feels the deepest gratitude. It will be highly prized both by her and our children as a lasting memento of the kindness and goodwill of the donors. That the Lord Mayor of this great City amidst his absorbing duties should find time to be the spokesman of my kind friends is a high honour in itself. I trust our community in labour and our friendship may continue while life lasts. I am deeply conscious that my words to-day very poorly express the feelings of my heart, but you will I am sure believe me when I say how sincerely and deeply my wife and I thank you one and all for the far too flattering testimony to the work which, with your assistance and God's good providence, I have been permitted to carry out."

This memorable meeting was concluded by Mr. Seth Taylor, one of the Almoners, moving and Mr. Clutton, on behalf of the Medical and Surgical Staff, seconding a vote of thanks to the Lord Mayor for his great kindness in coming to the Hospital to-day. This having been duly acknowledged, tea was served to the visitors in the Grand Committee Room.

Once more this pleasant gathering proved how valuable an adjunct to our Hospital the new Governors' Hall is.

The Conversazione.

THE word is, we believe, the Italian form for conversation; and if there is anything in a name, the R. A. was probably well advised to make the alterations which he did. If indeed we read his motive aright, those who came with a literal idea of the purpose of the conversazione have good reason to bless him. In any case, it is to be hoped that those who came to talk, said all that they wanted, and said it to those with whom they wanted to talk. In former years rash attempts to carry out such a scheme usually ended in half an hour's confinement in the middle of a throng of people packed within an incredibly small area. At such moments the lights not uncommonly went out, and a cinematograph "entertainment" began. Of course the search for one's friends under such conditions was a strenuous and at times exhilarating form of exercise, but it was not apt to be crowned with such a measure of success as the necessary degree of effort deserved.

On the other hand, the variety show was very advantageously housed in the Governors' Hall, and a very pleasant show it was. "The Follies" perhaps carried off the honours of the evening, but the entire entertainment was very good, and gained not a little from its new environment. The survivors of the Pierrots got the hearty reception that they deserved, and deserve it they did, for the excellence of their performance, quite apart from any considerations of local popularity.

There was nothing very new about the decorations, but those of us who had known them in previous years recognised them as old and tried friends, and felt the more at home for it. The popularity of the conversazione is amply evidenced by the numbers that year by year continue to come to it, and probably nobody would wish to see it very different from what it has been.

This year it was the same but better, and with such a result the R. A., his labours over, may well rest content.

P. for the Palmist
Who lurks in a booth,
Should we love her as much
If she told us the truth.

P. POPULAR PALMIST.

The Lillian Toy Competition.

IT is past history and common knowledge now that the Christmas Toy Competition in Lillian had to be postponed, owing to the inconvenient outbreak of a measly rash! And it was not until we were well into the new year that a distinguished committee of "competent judges" assembled to decide on the distribution of the prizes.

Some five-and-thirty toys had been sent in, all of them hand-made. A magnificent array testifying to the ingenuity and skill of their originators.

The first prize was awarded to Messrs. Thompson & Wyatt, for a splendid model of a "Polite Old Gentleman," made out of dark-brown modelling clay. The features and limbs were wonderfully true to nature—especially the feet! The dear old man bowed incessantly to the judges, and showed off to perfection his latest "suiting" which even went so far as to possess the fashionable slit behind.

The second prize fell to Mr. Whitehouse for a novel contrivance for expanding the lungs, and especially recommended in cases of Empyema. To describe it would be impossible, and we will leave our readers to imagine a series of pulleys, cranks, levers, bolts, springs, &c., &c. with the patient being whirled round and round at the end of a cross between a centrifugal and Sir H. Maxim's flying machines.

Mr. Maclean came in third, with a really beautiful spider on a net. We hear that its permanent abode is now behind a door marked "Private," opposite Lillian Ward.

The next toy, which was "highly commended," was a "Gazeka," made by Messrs. Bletsoe & Wright. "The animal is rare, and was discovered . . . in a recent scientific tour through the unexplored parts of Casualty. Rare, because it only lays one egg and this its auntie always takes away and hides. We are unable to exhibit the egg of this particular specimen, as another still rarer and much wilder animal—Timothy Vulgaris—has unfortunately poached it." The above is a short extract from the scholarly account of the animal which accompanied it.

We may mention that it stands about four feet high, and that it is especially requested by those in authority that "should anything happen to it, doctor," the body may be returned to College House, the eyes to the Matron's Office, the tail to the Clinical Lab., the feet to the South Theatre, the skin to Casualty, the skull to the Medical School, and the little tuft of red fur to Lizzie, c/o Sister Lillian. Among a host of other good things we would single out a "British doll," with congenital absence of upper and lower extremities, which on closer investigation proved to be a bottle

of —, and a splendid chick with marked jaundice, "the youngest of a family of thirteen. Six were added, one blew up at the age of seven months, destroying the sight of the butler. Five passed away as Albumen-water. One is said to have been scrambled," and a wonderful Father Xmas made out of plaster of Paris by a nurse. In fact the show was a huge success, and everyone agreed that it should become an annual affair, and so say all of us!

The following rules will hold good next year:—

1. Proposed by a bachelor member of the Staff—"That the wives of all married members of the Staff be asked to make a toy for the competition."

2. Proposed by a married member of the Staff—"That all bachelor members of the Staff should themselves make a toy for the competition."

From the tablets of Zoderwiski.

FRAGMENT I.

1. at the hospitle-of-Tomas iz a wahd nāmd Lili-han
2. ware the opz-of-Lambeath
3. zuvring phrom dee-vee and utherfowl disaw-ders dokon
4. . . . gregeight thair-to-aweight the visitz-of-sajes
5. skild-in-the-treetingof sutch ilz thair livz
6. a goddes nōnaz Sistah kunnin
7. . . . in-the-mihnglingof milc-an-wahtah who . . . befour the
8. feast-of-Xmas scentowt eraldz-to-proklām . . . nēr-an-fah . . .
9. that the sonz-an-dawtahz of tomas yung-and-old
10. . . . shūd trithairskil . . . won-agāntz-theüther . . . in the maikin of
11. strain-jimiges . . . anduthercharmz werbuy the
12. sunz-of-Lambeath pozestof-evalspritz mīt beklenzd.
13. Zo faw meny wēry dais-an-nītz the childron-of-tomas
14. strōv-in-the-kontest daiāppoyntd
15. fawawl tokumtougether that the gods
16. . . . mīt dezid whoh ad toylmostkunningly sowndz of
17. wespin-an-whalin ware-erd issewin-phrom-Lili-han
18. and yld-an-orphul rhumurzspredd that a neu-an-
19. savajsprit mezels woz plāgin the sunz-of-lambeath
20. zothat itwoz dekrēd buy Yared-the-owl wiz-inthe-
21. kastinowtof sutch spritz that the trib-of-lili-han shūd
22. takupitzabōd inthewyld ernes kawld blokait
23. Zotherewoz mutch soroh inthe hows-of-tomas

24. and the kon testwoz staidun til the kastinow tof the
25. sprit mezles shüd be akomplishd
26. zothat on the fäst-of-nurzes kawld conversatzeony
27. the trib-of-lili-han avinreternd to-itsohm
28. awl with-won-akawd gatherd themzel vestougether
29. towitnesthe setin-up-of-imijes in the templ
30. kawld Sentrohawl
31. and toseathe prisawawded to thevik tur
32. And amungtheimijes ware weerd-an-orphul toiz
33. and thatwychwoz ajuged-the-best woz theimije of-a-god
34. dahkin-kowntinenz röhbä-in-grätwäd witha
35. krown-of-twäd on-iz-ed and-he evershük
36. at-the tutch-of-man and thay-who fashund-im
37. warethe faregiant - - - - . son-of-Tomh whouz
38. uperlip iz thik-withair tougetherwith Wyot
39. ooze fais is
40. skairse-koverdw-ith the down-of-üth Afhtah
41. thëston adbën karreyd thris rownd the vâhstarëna awl
42. joynd-in-the-fäst butofthe fare
43. spëches izitnot ritten in the buk kawld repawt
44. of she-who-uncësinle-prowlz in-the
45. dahknes-of-nit.

College House Notes.

The Conversazione was as delightful as ever, and College House men had the usual opportunities of talking to each other. The proceedings began punctually at 8.30, and were over well before 8 o'clock the next morning.

* * *

The new appointments are "out," and to all the incomers we offer our congratulations and every good wish for their term of office.

* * *

In a few weeks the inevitable exodus must come, and at so sad a moment it is some comfort to think that Dr. Wright, the popular Ophthalmologist, humourist and gazeka manufacturer, has found a new sphere of action for his many and varied talents.

* * *

The premature departure of Lieut. Thompson cast quite a gloom over College House. We all wish him every possible success in the career that he has chosen.

NEW APPOINTMENTS.

- A. H. P. M. A. Cassidy, M.A., M.B., B.C. Cantab, M.R.C.S.,
L.R.C.P.
H. S. Sington, M.R.C.S., L.R.C.P.
- A. H. S. R. J. H. Cox, M.R.C.S., L.R.C.P.
F. S. Hewett, B.A. Cantab, M.R.C.S., L.R.C.P.
A. B. Howitt, B.A., M.B., B.C. Cantab, M.R.C.S.,
L.R.C.P.
W. G. Howarth, M.A., M.B., B.C. Cantab, M.R.C.S.,
L.R.C.P.
- J. C. O. F. R. E. Wright, M.B., B.S. London, M.R.C.S.,
L.R.C.P., D.P.H.
- J. O. H. P. S. R. Gibbs, M.R.C.S., L.R.C.P.
- J. O. H. S. H. E. Gotelee, M.R.C.S., L.R.C.P.

Clinical Assistants.

Throat Department.

- S. G. Macdonald, B.A. Cantab, M.R.C.S., L.R.C.P.
E. C. Jones, M.R.C.S., L.R.C.P.
H. B. Whitehouse, M.R.C.S., L.R.C.P.

Skin Department.

- W. O. Sankey, M.R.C.S., L.R.C.P.
N. R. Cunningham, M.R.C.S., L.R.C.P., B.A. Cantab.

Surgical Department for Children.

- C. M. Page, M.R.C.S., L.R.C.P.
S. G. Macdonald, B.A. Cantab, M.R.C.S., L.R.C.P.

X-Ray Department.

- G. Finch, M.R.C.S., L.R.C.P.
N. R. Cunningham, B.A. Cantab, M.R.C.S., L.R.C.P.

Ear Department.

- A. L. Loughborough, M.R.C.S., L.R.C.P.

Pierrot Songs.

IS IT?—A Duet.

*By the courtesy of the talented authors we are enabled to publish an
authorised edition of songs as sung by the Pierrots.*

- A. There's a story, I'm told, which has spread far
and near.
- B. *Has it?* A. Has it? of course it has. A. *Oh, has it?*
- A. Of the practical joke of a surgeon who's here. B. *Is he? etc.*
He'd announced that he'd lecture the notice
read clear,
"An undescribed fracture" we all went to hear,
It's still undescribed he forgot to appear. B. *Did he? etc.*

- B. There's a surgeon, I'm told, who's a very bright
star.
Uses Petrol and Iodide in his new car.
- A. *Is he ? etc.*
A. *Does he ? etc.*
- A. I saw him to-day with a furious frown,
By the side of the road twenty miles from a
town,
Despite prophylaxis the car'd broken down.
- B. *Had it ? etc.*
- A. I'll say just a word on our dear Registrar.
Perhaps you don't know he's financed us so far.
You may see him about in the whitest of coats,
Much time to our writings he daily devotes,
But I'd love him much more if he'd not turn
my notes.
- B. *Will you ? etc.*
B. *Has he ? etc.*
B. *Does he ? etc.*
- B. Now its time we'd a verse on the new R. A. S.
It is bound to be one in his praise I confess.
He's as smart as he's long; of that there's no
doubt,
And he works very hard, so don't spread it
about,
But that is the reason his hair's falling out.
- A. *Is it ? etc.*
A. *Is it ? etc.*
A. *Is it ? etc.*

There's a land of promise fair,
Of space and beauty rare,
And Thomas's it name, of course you know.
Its situation too,
I think is known to you,
For its fame has spread where'er man tends to go.
So here's to the Hospital,
Pass round the bottle,
And drink it a bumper in state.
For there's not a disease,
On the land or the seas,
St. Thomas's can't extirpate.

In this land of promise fair,
A bacillus none too rare,
Has recently postponed a children's tea.
And the spots and pimples dread,
Have attacked each little bed,
And have robbed the little inmates of their spree.
Still here's to the Hospital,
Pass round the bottle,
All macules and papules forget.
For we're hoping that we
For the little one's tea,
Another occasion may get.

In this land of promise fair,
Up against the central stair,
The exponent of the knee jerk may be found.
And his wily stethoscope,
Can with rales and rhonchi cope,
As each morning in the wards he does his round.

So here's to the Hospital,
Pass round the bottle,
And drink to Babinski's adept.
For there's not a disease,
Or a cough, or a sneeze,
Which can from his knowledge be kept.

How Wild Beasts Die.

BY ONE WHO HAS DONE IT.

I.—THE INDIAN PANTHER.

IT is a dark night in the Gir Forest. Silence, deep unbroken silence, reigns around the village Rest-house. No sound is heard in our living-room save the soft pit-pit-tack of tarantulas dropping from the openwork ceiling on to the earthen floor, the sonorous breathing of the stray cobra in the corner—its restless eye making fiery circles in the gloom, the shrill ping of the blood-mosquito scenting food, the dissatisfied moans of the he-tiger without as he turns over the meatless body of our faithful Puggaree or native servant, and the occasional note of a vox humana calling to its mate. All is still.

The neighbouring jungle is spattered for miles with the slumbering forms of tethered goats—bait to lure the dusky feline from his langourous lair. Midnight approaches and passes on. All is stiller.

Suddenly, with a rapidity unheard of in colder climes, a noise—without and far away—strikes the pricked ears of the expectant hunters; the sound of a coldblooded horse galloping along the dusty road, its hoofmarks echoing loudly on the tepid soil. Nearer and yet nearer they come—pass by, and die away in the distance; sound nearer again, only to fade away once more. An inexperienced rider on a

powerful steed! Once more he passes—a lucky shot—slippety-phlunk! and the breathless horseman is at our feet. What news, what news? Great news! On the previous evening, a panther has slain a tethered goat! the prey is gone!! the bait is taken!!!

In an instant all is bustle, noise, confusion and dust. Reluctant bullocks are hastily backed into, what appears in the darkness, to be a bullock-cart. A second suffices to show the mistake, and fresh but still more reluctant bullocks are procured to replace those swallowed up by the insatiable maw of the village well. Distracted bearers run hither and thither with lanterns, sodawater bottles, cartridge-bags, biscuits and rifles. Shouts are heard on every side. The screeching noise of sharpening knives mingles with the report of firearms, as nerveless fingers toy with triggers. Yes, they were loaded! All is ready at last, and amid the joyous farewells of the happy villagers the party sets forth in the direction indicated by the intrepid but now senseless rider who brought the glad news.

Soon their destination is reached. Another goat has replaced the one killed. Assuredly will the panther return that night to the same spot. Commanding the clear space in the tangled forest is a tree whose boughs support and conceal a native bedstead. Up into the narrow platform thus enclosed climb eight burly and desperate men, their ashen faces tempered by the silvern rays of the young moon. The bullock cart and coolies are hidden in a neighbouring nulla, and when the tree has ceased swaying, silence reigns as deeply as before. 'Neath the tree is tethered the goat, its hideous bleatings finding echo in the throbbing brains and aching limbs of the cramped but resolute watchers above.

The hours glide by. A bead of agonised perspiration forms on each stern brow, and knotted fingers grip numbly the stocks of eight antique muskets.

Will the panther come? The goat thinks not, and falls into a deep ruminating slumber, from which even the vicious prod of a sharpened bamboo fails to rouse it.

Suddenly a twig snaps in the distance—a leaf rustles near by. Two green and glittering eyes are seen gazing out of the dark thicket at the slumbering prey. 'Tis the panther! The ferocious beast springs, the goat bleats: the tree sways ominously and sixteen iron barrels belch forth their leaden messages of death—slugs, buckshot, nails, lucky sixpences, explosive soft nosed and solid bullets. The smoke drifts away and there on the earth writhes the mortally injured body of the goat whilst from afar off in the jungle comes the mocking laugh of the panther.

The goat is full of lead.

Books for Review.

PATENT FOODS AND PATENT MEDICINES. By Robert Hutchison, M.D., F.R.C.P. Price 1s. 2nd Edition. (John Bale, Sons, & Danielson, Ltd., London.)

This little book has been brought up to date by an account of some of the more recent proprietary foods. In the first part of the book the author deals with the various conditions in which it is claimed that artificial foods may be suitably employed. His general conclusion is that the field for their employment is distinctly limited. The part which deals with the various types of patent foods is interesting reading, and so, too, is the table which gives the approximate composition of many of the well-known foods. In the second part the ingredients of various patent medicines are given, and Dr. Hutchison is of opinion that the orthodox practitioner has still something to learn from a study of the composition of the more successful cough mixtures.

OLIVER WENDELL HOLMES AND PUERPERAL FEVER. By Charles J. Cullingworth, M.D. London: Henry J. Glaisher. (2s. 6d. net.)

This little book is a reprint of an address to the Trowbridge division of the Bath and Bristol branch of the British Medical Association. It deals in Dr. Cullingworth's clear and attractive style, which requires no recommendation to St. Thomas's men, with a very interesting and important incident in the life of Oliver Wendell Holmes. It is safe to say that even among medical men knowledge is rare of the part that Holmes took in his early days in forcing on the attention of the profession and the public the contagiousness of puerperal fever, and this when all the evidence that could be brought forward was clinical, or as Holmes puts it himself, "before the little army of microbes was marched up to support my position." This quotation is taken from a letter written by the great author only a year before he died, and included by Dr. Cullingworth in the pages of this pamphlet. Another letter of great interest was addressed by Holmes to Professor Osler, who had asked him whether he had derived greater satisfaction from having been the author of that exquisite little poem, "The Chambered Nautilus," or from having published the essay on "Puerperal Fever." The reply (dated 21st January, 1889) "walks round the question instead of answering it," but we may quote the last sentence, "There is more selfish pleasure to be had out of the poem; perhaps a nobler satisfaction from the life-saving labour."

The record of this incident of Holmes' life is full of fascination from the first page to the last. At the end Dr. Cullingworth points to the moral of the tale, and deals in a few words with the far too high mortality still existing in England from Sepsis in child-birth.

The book contains a reproduction of an early portrait of Oliver Wendell Holmes, and, a point of interest to St. Thomas's men, is inscribed in words characteristic of Dr. Cullingworth, "to Thomas H. Haydon, my pupil and my friend,"

BIOGRAPHIC CLINICS. George M. Gould, M.D. Price 5s. net. Rebman, Ltd., 129, Shaftesbury Avenue, W.C.

We regret that it is impossible to accord this interesting volume more than a brief notice in our columns. The "New Ophthalmology" has yet to stand the test of time and examination. Dr. Gould believes that migraine is always associated with some error of refraction and that astigmatism is a powerful factor in the faulty positions assumed by patients who develop scoliosis. It is hard, however, to restrain a smile when we are solemnly assured that "the correct glasses" will banish hooliganism from our midst.

OUR CONTEMPORARIES.

The London Hospital Gazette contains much that is excellent light reading and several excellent articles of a more instructive nature. We quote a gem that the editor has extracted from *The Evening Standard*: "The medical student of to-day has lost some of his flamboyancy and sparkle. He is in the main only a good, honest, serious, hard-working and highly respectable young gentleman." A short paper by Dr. Percy Kidd on the "Forms of Phthisis" is well worth reading.

The Guy's Hospital Gazette contains a clinical lecture by Mr. F. J. Steward on chronic laryngitis, and a paper on suppurative pylophebitis by Mr. C. L. Leipoldt.

The St. George's Hospital Gazette.—A series of patent medicine advertisements extracted from *The Observer* of 1805 makes very amusing reading. From "School Notes" we extract the following:—

Physician (stopping at a case of ? phthisis) to Clinical Clerk, whose case it is: "Have you examined the sputum, Mr. X.?"

Clerk (lying humbly): "Yes, sir."

Physician: "And did you find any tubercle bacilli?"

Clerk (attempting to give a non-committal answer): "Two little ones, sir."

Club Notices.

1st INTER-HOSPITAL RUGBY FOOTBALL.

ST. THOMAS'S v. ST. MARY'S.

This match was played at Richmond on Thursday, January 25th. The ground was in good condition with a fairly strong breeze blowing across the field.

There was a good muster of spectators—including several members of our Staff, the Surgical element as usual predominating—the one discordant note was carried by a member of the opposition, a wag who found a rattle necessary to express his feelings,

The game, an interesting one to watch and intensely exciting towards the finish, is easier to criticise than to describe.

In the first half the game was evenly contested, the outstanding feature being the brilliant play of Louwrens for St. Mary's—he is a first class player and continually checked the rushes of our forwards and nursed his own by finding touch with short punts. Our forwards seemed unable to work together at all, and the three-quarters were much too prone to leave their men unmarked.

Twice in ten minutes the St. Mary's backs got going, with the result that Batchelor, their left wing three-quarter, ran round and scored—in neither instance were the place-kicks easy or successful.

At half time we crossed over 6 points to the bad.

The first quarter of the second half went by with St. Mary's still holding the advantage, and fifteen minutes from the end our chances of success looked black, but the forwards, well led by Bingham, rallied magnificently and quite hemmed their opponents in their 25. At last from a forward rush the ball was kicked over their line, and Bingham rushing up scored between the posts—the kick an easy one, failed.

From the drop-off the ball was returned to our opponents line, and a series of scrums resulted in no advantage to either side. Five minutes from the end amid great excitement the ball came to our three-quarters, and one of their few efforts at combination ended in Wheeler (who had hitherto been inconspicuous) scoring a pretty try, the kick at goal again failed.

The game thus ended in a draw, each side having scored 2 tries (6 points).

The result was a disappointing one to St. Thomas's men, but the re-play on February 5th will, we hope, end more satisfactorily.

The forwards all played well individually, though their combination till towards the end was crude. Bingham and Meek played their usual forcible game, the former being particularly good. Abraham (who was taken from the scrum in the second half) and Neild tackled well.

Petch was as useful and plucky as ever, Rae was the best of the three-quarters, and Fox, though his tackling is weak, is a useful full-back.

The re-play is fixed for Monday, February 5th.

DRAW FOR INTER-HOSPITAL ASSOCIATION CUP—1ST XI.

	<i>1st Round.</i>	<i>2nd Round.</i>	<i>Semi-Final.</i>	<i>Final.</i>
	Thomas's ...	}	}	}
London ...	.....		
University ...	.....		
	Guy's	}	}	
	Westminster			
	Charing X. ...	}	}	
	Middlesex ...			
	Bart.'s	}	}	
St. George's	.....		
St. Mary's ...	.....		

DRAW FOR JUNIOR ASSOCIATION CUP.

<i>1st Round.</i>	<i>2nd Round.</i>	<i>Semi-Final.</i>	<i>Final.</i>
St. Bart.'s ...	}	}	}
University ...			
St. Mary's ...	}	}	}
St. George's ...			
Charing X....	}	}	}
Middlesex ...			
Westminster	}	}	}
Guy's			
St. Thomas's	}	}	}
London ...			

1ST XI. v. CLAPHAM ROVERS, at Chiswick, December 16th.

After a fast and interesting game we were still unable to boast a victory, the result being a draw 1—1 goals. The result was disappointing, as Thomas's had much the best of the game and should have scored several times in the second half. The forwards refused to shoot straight when within a few yards of goal, and when the halves tried to show them how to do it, the result was even more disastrous. In spite of this little defect the team as a whole played better, and it seems possible that better luck may come to us after Christmas. Our opponents were the first to score from a shot which was going wide, but glanced in off Gleed. Thomas's soon equalised, and no further score resulted.

Clark, Dalglish and Page made a sound defence, but we were unfortunate in turning out short and in having only one of our regular forwards.

Team: S. R. Gleed, F. B. Dalglish, J. A. Clark, W. G. H. Verdon, C. M. Page, W. B. Johnson, Walker, A. N. Otter, W. F. Sutcliffe, H. O. Blandford.

1ST XI. v. NEW CRUSADERS "A" at Chiswick, Saturday, January 27th.

Resulted in a win for the Hospital by 3—1 goals. The Crusaders were the first to score from a penalty given against Clark, and continued to press until just before half-time, when our forwards woke up and kept the ball in our opponents half. Sutcliffe put in some good shots, which hit the cross-bar and posts, and in fact did everything but score. Consequently we crossed over with 1—0 against us.

With the wind in our favour we started to press, and kept it up energetically to the end. Mann and Svensson kept the Crusaders defence very busy, and Sutcliffe soon equalized with a hard shot. A few minutes later Johnson scored from a corner kick, and shortly before time Mann put in a shot which gave the goal-keeper no chance.

Team: S. R. Gleed, J. A. Clark, Bridges, B. G. Gutteridge, F. H. Holl, W. B. Johnson, R. Svensson, C. M. Page, W. F. Sutcliffe, R. Lupton, H. L. Mann,

1ST XV. v. LONDON IRISH.

Played at Blackhorse Lane on Saturday, January 6th, a very good game resulted in a win for the Irish by 1 try to nil. The Hospital had on the whole the better of the game. The Irish pressed at the start with the wind at their backs and soon scored near the corner flag. After a little more defence the Hospital began to attack, but the passing among the three-quarters often lost ground. In the second half the Hospital forwards played a great game, heeling and dribbling well, but unfortunately no score resulted, though Atkinson had had such luck in not doing so. Among the forwards, Bingham, Howitt and Gamlin played well.

Team. — C. J. Fox, E. L. Atkinson, W. H. R. Sutton, A. J. Rae, J. N. Wheeler, C. L. Petch, E. H. Marshall, R. G. Bingham, A. B. Howitt, W. O. Meek, S. F. Dudley, R. L. Gamlen, N. W. Jenkin, R. B. Abraham, F. M. Neild.

1ST XV. v. ROYAL NAVAL COLLEGE.

Played at Chiswick on Saturday, January 20th. The Hospital won by two goals and one try to nil. The home team kicked off and attacked immediately, a bout of passing ending in Sutton's scoring a try close to the post; Bingham converted. Soon after Smale got clear away, but was collared by the back and so injured his knee that he had to retire. For the rest of the game the Hospital played one short; Harper was pulled out of the scrum to play wing three-quarter.

The game was fought out on fairly even terms in the second half, but the forwards scarcely displayed their usual dash. Towards the end Sutton scored two tries in quick succession, one of which Bingham converted.

Team : C. J. Fox; O. R. Small, A. J. Rea, W. H. R. Sutton, J. N. Wheeler; C. L. Petch, E. H. Marshall; R. G. Bingham, A. B. Howitt, S. F. Dudley, R. B. Abraham, R. L. Gamlen, N. W. Jenkin, P. Harper, F. M. Neild.

1ST XV. v. CATFORD BRIDGE,

Played at Catford, Saturday January 27th. The Hospital were feeling the effects of their recent Cup Tie and were beaten by two goals and three tries to one try. Catford scored three tries in the first half and two in the second. Abrahams scored the try for the Hospital in the first half after a good round of passing. The tackling of the Hospital was weak.

Team : Fox; three-quarters, Atkinson, Rae, Sutton, Wheeler; halves, Petch, Marshall; Bingham, Howitt, Dudley, Milligan, Gamlen, Neild and Jenkins, forwards; Abrahams, extra back.

1ST XV. v. ST. MARY'S HOSPITAL.

This replayed Cup-Tie was played at Richmond on February 5th and won by St. Mary's by a placed goal, a penalty goal and two tries to nil. Our supporters were in less numbers than we have seen at a cup-tie for years, this being in accordance with the general lack of interest taken in the Hospital games at the present time. Several of the Staff however, were present. Mary's kicked off with a strong wind in their favour, and for some time play was confined to our twenty-five. Sutton and Bingham relieved with a good dribble, but Mary's again pressed and Louwrens scored a neat try which was not converted.

In the second half our opponents were distinctly the better side and scored two tries and a penalty goal. Most of the play was in our half, but once Hewitt made a good run and passed to Bingham, who almost scored. Wheeler, also, made a fine run down the touch line. Louwrens played a magnificent game for Mary's and had a good deal to do with our defeat. It is impossible to believe that our team is incapable of playing a better game. The forwards are a heavy lot, but some of them hardly used all their weight, and their footwork, especially in the scrum, was execrable. Howitt played a fine game, as did Bingham and Jenkins. The halves were good in defence but quite failed to open up the game. The three-quarters tackled well, but their passing was bad. Fox played a good game at back.

"A" XV. v. HARLEQUINS "A."

This match was played at Chiswick on Saturday, January 6th and resulted in a win for the Harlequins.

The Hospital started off well in the first half, having most of the game. Three tries were scored, Windsor accounted for two and Grimwade for one, none of these tries were converted.

In the second half we were completely outplayed—our opponents crossed our line six times—three of the tries were improved upon, the Harlequins thus winning by 24 points to 9.

The team was as follows:—R. C. Priest, J. F. Windsor, J. H. Bletsoe, P. Harper, E. Seymour, F. R. B. Skrimshire, A. G. V. French, R. L. Barwick, S. W. Grimwade, C. T. V. Benson, M. L. C. Irvine, J. K. Milligan, J. Startin, E. W. Witney, W. Harmens.

"A" XV. v. MOLESEY.

This game was played at Thames Ditton on Saturday, January 7th, and resulted in a win for the Hospital by 3 points.

This was one of the best games the "A" team has played this season. In the first half Seymour and Savage scored tries neither of which were improved upon. On crossing over Molesey scored twice, but the tries were unconverted, and after several scrums close to Molesey's line, Seymour got in again for the Hospital five minutes before time. We thus won a fast game by a try. Cox and Custance were the pick of the forwards.

The team was as follows:—R. C. Priest, back; W. Morton Jack, A. H. Savage, T. F. Windsor, E. A. Seymour, three-quarters; T. S. K. Foote, F. R. B. Skrimshire, halves; J. Startin, W. Harmens, C. N. Benson, R. L. Barwick, J. M. Custance, N. M. Fergusson, R. Cox, and W. S. Welch.

On Saturday, January 18th, we played Blackheath 2nd, at Chiswick, the match resulting in a win for us by two tries to nil, these being both scored near the touch line by Smale, one in the first half and one in the second. It was quite a hard, keen game and the forwards were pretty well matched considerable talent being showed by several who have come up this session. Ray playing for the visitors made the sides full.

The team was as follows:—F. R. B. Skrimshire, O. R. Smale, E. L. Atkinson, H. C. Devas, J. N. Wheeler, R. S. Overton, R. C. Priest, W. G. Dudley, R. L. Barwick, S. W. Grimwade, C. T. V. Benson, R. Cox, W. Harmens, R. B. Abraham, M. L. C. Irvine.

"A" XV. v. OLD BLACKHEATHENS.

Played at Chiswick on Saturday, January 27th, the Old Boys winning by three goals.

The Old Blackheathens were three short and we were one short, so we gave them a man to equalise matters. As usual, we started off well, Foote scoring the first try, which Startin failed to convert. Soon after this the Old Boys crossed our line and the try was converted. In the second half our opponents got over three times, two of these tries being improved upon.

Our team was as follows:—M. L. C. Irvine, A. H. Savage, J. F. Windsor, F. R. B. Skrimshire, E. A. Seymour, A. G. V. French, J. S. K. Foote, J. Startin, R. L. Barwick, R. Cox, P. Harper, J. M. Custance, C. T. V. Benson, S. W. Grimwade, E. W. Whitney.

JUNIOR CUP-TIE.—"A" XV. v. LONDON "A."

This match was played at Hale End on Friday, 2nd February. A very strong wind was blowing straight across the field, with occasional showers of rain making the conditions far against enjoyable. The London team looked much heavier than ours in every department. They started off with a rush and from a scrum the ball was passed across their three-quarter line, the left wing scoring the first try in the corner. From this move Savage twisted his knee and had to leave the field. Harper was put out on the wing, but did not seem to enjoy his position. Before half-time, London scored five times, the last try being converted. After half-time, Morton Jack took the place of Skrimshire, who went out on the wing. The London men slacked off in the second half and two or three times we looked very much like scoring, Startin, Barwick and Cox being especially conspicuous in forward rushes. French broke away once, but had no one to back him up. Skrimshire got in some very useful kicks, but of the whole team H. V. Welch played a grand game, getting his man every time, and certainly he kept the scoring down much more than it might have been. With a little practice he will make an excellent back. The London three-quarter passing was very good and they were well backed up by their pack. In the end they won by 9 tries one goal to nil.

Team: back, H. V. Welch; three-quarters, W. Morton Jack, A. C. Seymour, J. F. Windsor, A. H. Savage; halves, F. R. B. Skrimshire and A. G. V. French; forwards, J. Startin (Capt.), P. Harper, R. L. Barwick, J. K. Milligan, R. Cox, W. Harmens, S. W. Grimwade and J. M. Custance.

ST. THOMAS'S "A" v. EALING "A."

Played at Chiswick on Saturday, February 3rd. The Hospital were only able to put a weak team into the field and again suffered defeat. At half time the visitors led by one goal and four tries to two tries, Morton Jack and Singleton scoring for the Hospital. In the second half Ealing added another goal and try, thus winning by two goals and five tries (25 points) to two tries (6 points).

Team: M. L. C. Irvine, back; H. L. Webb, H. S. Singleton, F. B. Treves and E. A. Seymour, three-quarters; W. A. Morton Jack and A. G. V. French, halves; J. Startin, R. L. Barwick, J. R. C. Custance, T. C. R. Archer, E. W. Whitney, A. S. Pern, H. L. Priest and H. Pink, forwards,

HOCKEY.

ST. THOMAS'S v. BARTHOLOMEW'S.

This tie in the first round was played at Blackheath on January 30th. The ground was very wet, and soon got cut up, which may account for the fact that the game was of a scrambling nature throughout. Neither side showed much combination, and the St. Thomas's forwards were especially weak in this department, but as they had not played together before during the season this is hardly to be wondered at. One particularly noticeable shortcoming was the failure of the inside forwards to follow up in the circle. Bart.'s pressed during the first few minutes, but play was then transferred to their twenty-five, and about a quarter of an hour after the start Gibbs displayed his customary knack of scoring, and got a somewhat lucky goal. Play then ruled even till half-time, first one side then the other having the best of the game; the St. Thomas's forwards were once or twice at fault in taking advantage of centres from the right wing, and should certainly have increased their lead.

About midway through the second half Vines equalised by scoring from a scrum on the edge of the circle, Gemmell who had dropped back into goal just failing to stop the shot. From here onwards neither side could score and the game ended in a draw of one goal all.

For Bart.'s Phillips played a good game at back and Barton got through a lot of work at centre half. For St. Thomas's all the halves were good, Fox's display at centre half being especially worthy of notice; Wootton without previous practice showed his old form at back, and repeatedly checked the opposing forwards, while Gemmell played as sound a game as ever.

A special word of thanks is due to Neild who (Footner being unable to play) turned out at a few hours' notice and successfully performed the thankless duties of goal-keeper. G. W. Dryland of Guy's filled the post of referee to the complete satisfaction of both sides.

Team: F. M. Neild, goal; A. C. Gemmell and J. C. Wootton, backs; H. J. Nightingale, J. C. Fox, C. F. O. Sankey (capt.), halves; F. M. Bulley, H. E. T. Dawes, A. B. Howitt, S. R. Gibbs, W. C. A. Ward, forwards.

Line Illae Lacrimae!

WE have a correction to make. We were quite wrong when we stated "that it is untrue that a dictionary has been provided for the Secretary's office." On the contrary, we are informed that a dictionary is in constant use in that department. Indeed, so great a store of etymological information has reached us from numerous sources that we are able to make an authoritative statement on the matter. The word is spelt *lacrimal* in the dictionary, and *lachrymal*

everywhere else. A scholarly correspondent has pointed that the word has been as closely connected with indignation and annoyance in the past as in the present.

We are referred to Juvenal, "per lacrimas effundere bilem;" and again, "inde irae et lacrimae." Another correspondent finds poetical inspiration in the subject.

The dictum of the Oxford Don,
Who said that Lacrimation
Had got no "chi," nor yet a "y,"
Escaped my observation.

The tiro in Anatomy,
Although extremely insular,
Is sure to spy, with half an eye,
My "Wolfiian" residua.

The Ancients loved to sacrifice,
On every great occasion;
The Surgeon must not practise a
Testicular oblation.

L'Art Nouveau asserts itself
In golden jewels and pottery,
But "nouveau art," it makes me start,
This surely is not scholarly.

Examination News.

CONJOINT BOARD, January, 1906.

"Indian Medical."—B. Higham.

First Examination.

Chemistry and Physics.—I. G. Cobb, V. Vesselovsky, L. R. Warburton.
Elementary Biology.—A. C. Paterson.

Second Examination.

Anatomy and Physiology.—D. H. Cane, A. G. V. French.

Final Examination.

Medicine.—F. O. Arnold, *C. K. Attlee, *C. Bennett, H. B. Billups,
*C. W. Bowle, *A. de C. C. Charles, *F. B. Dalglish, *A. N. Dickson,
*A. H. Fardon, *S. G. MacDonald, J. C. Maclean, *C. M. Page,
*M. C. M. Pitkin, A. G. J. Thompson, G. L. Webb, *H. B. Whitehouse.

Surgery.—*E. L. Atkinson, *C. W. Bowle, *N. R. Cunningham,
*A. H. Fardon, *R. F. Hebbert, *V. C. Honeybourne, *E. C. Jones,
*A. L. Loughborough, R. J. Mould, *C. M. Page, *W. O. Sankey.

Midwifery.—H. O. Blandford, *N. R. Cunningham, J. T. de Coteau,
H. Granger, A. J. S. Pinchin, F. O. Spensley, R. W. Stocks,
A. C. H. Suhr, E. Wight.

SOCIETY OF APOTHECARIES, LONDON.

Chemistry.—R. S. Minchin.

Anatomy and Physiology.—J. Brierley.

ARMY MEDICAL EXAMINATION.

A. A. Sutcliffe	passed 2nd.
H. E. Gotelee	...	...	...	„ 5th.
V. C. Honeybourne.				
F. D. G. Howell.				

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall. The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

* These Gentlemen have completed their Final Examinations.

St. Thomas's Hospital Gazette.

No. 3.

MARCH, 1906.

Vol. XVI.

Editorial.

TO say that the *Hospital Gazette* is not as entertaining as it might be, partakes, unfortunately, of the nature of truism. The causes, however, of this state of affairs are numerous and it may not be without profit to discuss them, in the hope of arriving at some method of remedy. At the outset it may perhaps be conceded that the blame does not lie wholly at the editorial door, but rather with those who might, if only they would, be contributors to these pages. Indeed the present editor's task resembles that of the fabled Israelites, who were bidden to make bricks without straw. The editor does not wish to suggest that, if he had the straw, his task would be complete, but nevertheless, the position of an editor without anything to edit is one to command pity rather than reproach. It seems probable that under the unassuming exteriors of members of the school lie hidden masses of literary talent. To these, then, who from motives of bashfulness or indolence have thus far most successfully concealed their talents, a very hearty invitation is extended. They may rest assured that their labour will be expended in no unworthy cause, for a successful *Gazette* is not an unessential element in the well-being of the school. Indeed, to take only one side of the question, the profits of the *Gazette* have in past years added a substantial annual sum to the school funds. A notice was inserted in the last copy of the *Gazette* inviting former students of the hospital to send to the editor some account of what they or their contemporaries were doing. It is hoped that, by systematically collecting news of this kind, it may be possible to devote a considerable space in every number of the *Gazette* to matter, which will be of interest to those St. Thomas's men, who are no longer able to keep in close touch with the hospital. The editor will be very grateful to all, who may send him news of old St. Thomas's men.

To those, who are still about the hospital, the editor appeals for copious and regular contributions, in the hope that for the future the supply of matter for the *Gazette* may be equal to the demand.

Hospital Notes.

It is pleasant to be able to record that Dr. Acland, Mr. Makins and Dr. Turney, all of whom have recently been ill, have now recovered.

* * *

Baron Takaki, who was a member of College House in 1878 and 1879, is on a visit to Europe, and has kindly undertaken to give a course of three lectures at the Hospital. The subject is "The preservation of health among the personelle of the Japanese Navy."

Baron Takaki held the position of Director General of the Medical Department of the Imperial Japanese Navy during the recent war, at the conclusion of which the Emperor conferred on him the title of baron in recognition of his services. The dates provisionally fixed for the lectures are the 7th, 9th and 11th May.

* * *

At the Annual Meeting of the Royal Medical and Chirurgical Society, Dr. Payne was elected a Vice-President and Dr. Acland a member of Council.

* * *

The degree of Doctor of Science has been conferred by the University of London on Mr. Haas for his thesis on "The Condensation of Dimethylhydroresorcin and Chloroketodimethyltetrahydrobenzine with Ammonium P. Toluidine and Aniline." We should like to offer our congratulations to Dr. Haas on this occasion. The advantages of such a condensation must be manifest to all; but as the *Tribune* says, "Haas longa, vita brevis."

* * *

At a meeting of the Neurological Society on March 1st, Dr. Dudgeon read a paper on the action of the diphtheritic toxin. He is of opinion that death from cardiac failure, occurring during the early stages of acute diphtheria, is the result of fatty degeneration of the heart muscle, rather than of any change in the cardiac nerves. During the discussion, which followed the reading of the paper, the value of the various staining reactions for fat was considered, and the extent to which they could be relied upon as tests for the actual presence of the various fats found in the tissues of the body.

* * *

In conformity with the constitutions of the London University the management of the Medical School will in future be vested in a Joint Committee.

The Committee will consist of five representatives of the Governors, five members of the staff, one representative of the Senate of the University of London, and not more than two lecturers of the Medical School.

* * *

By the time these notes are published the Sessional examinations will have begun. Owing to the change in the regulations the number of unfortunates will this year be doubled. The prizes are to be increased in due proportion. There may be some, whose previous learning has not been entirely obliterated by a recently acquired mass of medical lore and who still remember the line—

“O mihi praeteritos referat si Juppiter annos.”

The examiners will also have to work hard, but it is not anticipated that sympathy for them will be very widely felt.

* * *

The removal of the hoardings, which have so long encircled the Westminster Bridge end of the hospital, must be taken as an indication that our new buildings are approaching completion. It is hoped that some account of them may be available for the next number of the *Gazette*.

* * *

Dr. Rendle has not been long installed in the library, but the improvements are already both numerous and obvious. Those, who use the library, have good reason to bless the zeal that he displays on their behalf. Among other things, he has unearthed many old books of considerable interest and value. Dr. Rendle has promised some account of his researches for the next number of the *Gazette*.

* * *

The departure of Sister Arthur from the Ward, over which she has so admirably presided, will be a source of regret to all, and more especially to those with whom she has worked. We hear, on good authority, that she intends to open a nursing home in Nottingham Place. Her experience at St. Thomas's has rendered her eminently capable of successfully undertaking such a task.

She will carry with her the good wishes of all who know her.

* * *

The Golf Match between the staff and students is to be played on May 2nd. The latter are very strong this year and will doubtless do their best to take revenge for last year's defeat. Golf forms a

strong bond of union among its devotees and it would be an excellent thing to have an annual match between former students of the Hospital and the present members of the staff and school.

Such a fixture should not be very difficult to arrange and would not be without effect in strengthening the link which binds all St. Thomas's men with their old school.

* * *

Very hearty congratulations are due to the hockey team on their victory over the London Hospital in the final of the cup tie.

* * *

It may have been due to the exceeding coldness of the weather that the annual meeting of the Swimming Club was so poorly attended. Had it not been for the presence of mind and bulk of the late Secretary who succeeded in bodily diverting the output of the Chemical Lecture Theatre the gathering might have been even smaller than it was. The Club is fortunate in possessing a most enthusiastic President, and it is to be hoped that, under his auspices, a genuine effort will be made to maintain the standard of the past. The Swimming Club and the Hockey Club are the only two of the hospital clubs, which during the past few seasons have attained any measure of success in the inter-hospital cup-ties. The success of both teams has been due to a great extent to the play of men, who are now unfortunately out of their year. The Swimming Club will this summer have to find an almost entirely fresh team, and a great deal of steady practice will be necessary, if we are to retain the cups which we now hold. We hope we shall be forgiven for saying that, as a rule it does not require a very good team to win the inter-hospital water-polo cup, and that, as a rule the standard of play in this competition is not high. If the club can find seven men, who will practise steadily together and turn up regularly to practice matches, there is no reason why either of the swimming cups should leave the hospital. But recruits are badly wanted to fill the vacant places and we hope that there will be an abundance of candidates for the team. The hospital is within five minutes by tram of one of the finest swimming baths in London, and there ought to be no difficulty about having a practice every evening during the summer session. It is proposed to offer a prize for a 50 yards race at the beginning of the summer session, for those men who have entered the school since last summer. The entry ought to be a large one, and the race ought to be the means of discovering some good men for the team. There must however be many men in the hospital, who can swim sufficiently well to make

very useful players. In previous years many may have thought that they would not be wanted, but this year the support of every member of the school will be needed, if a team, good enough to keep the cups, is to be got together.

* * *

G. C. Birt accomplished a very fine performance by coming in first in the ten-mile inter-hospital cross-country race. But the cup went elsewhere, for not another man from this hospital started. It seems incredible that a school, as large as St. Thomas's, can not raise a team. We hope to see an improvement next year.

* * *

Dr. Fairbairn's plea for a period of in-patient instruction in clinical obstetrics will be fresh in the memories of readers of this *Gazette*. In this connection it is of interest to note that facilities for obtaining experience in midwifery are available for Edinburgh Students. In the current number of *The Student* will be found some account of the Edinburgh Maternity Hospital, and of the opportunities which it affords to fourth year men of attending cases of difficult labour. Stress is rightly laid on "the large number of abnormal cases that the student has the opportunity of seeing within the Hospital. Abnormalities are frequent; during each quarter practically every complication known in midwifery occurs, many of them more than once . . . In fact the student has clinical instruction in Midwifery, comparable to the Clinical Medicine and Clinical Surgery of the Royal Infirmary." The value of such a course is obvious, and the advantage would be greater still, if it could be taken as an introduction to and preparation for obstetric work in the district.

* * *

The following letter has been received at the Hospital :—

"I have received a copy of Mr. Stephen Coleridge's *Metropolitan Hospitals and Vivisection* in consequence of which I beg to enclose a cheque for £1 1s. to St. Thomas's Hospital." Will others please copy ?

* * *

Particulars of the proposed excursion of English Medical students to Paris and other French Towns, may be obtained in the library on application to Dr. Rendle. Every opportunity will be given for the study of the French Hospital system. The start is fixed for April the 18th, and the party will return to London on

the 29th. We quote from the Official Prospectus—"Everywhere the English party will be friendly received, and they will be shewn everything that may extend their intellectual knowledge." And there is to be recreation too, for "The English Medical Students are expected by their French fellows, who are getting ready to fraternize with them."

Applications should be made without delay to M. Etienne Bazot, 184, Rue de Rivoli, Paris.

On the prospects of the R.A.M.C. as a Career for Young Medical Men.

Gentlemen,

When it was suggested to me some time ago that I should read a paper before this Society on the prospects of Service in the R.A.M.C. as a career for young medical men, I accepted the flattering offer in a lighthearted way without, I am afraid, at all considering what I had undertaken and thinking that anyhow November was a long way off.

It was only when I sat down to my task that I began to realise, first that it is no slight responsibility to advise a number of young men as to their future professional career, and secondly, that for an individual officer to set forth publicly the advantages and disadvantages of the Corps to which he belongs, necessitates some careful thinking and accuracy in writing, lest he should be accused of undue bias.

However, being committed to the venture, there is nothing left for me but to go forward trusting to your kind consideration to overlook all defects. At any rate I can promise that I shall set before you a "round unvarnished tale" and in the words of Othello, "Nothing extenuate nor set down aught in malice."

To speak of the life of a military surgeon within the walls of St. Thomas' Hospital must inevitably recall to the memories of all present, the striking figure of one of the greatest military surgeons of modern times.

Sir William MacCormac must have been known personally to all except the very youngest of you, and it would be an impertinence on my part to attempt to enlarge on the debt which Surgery in general and Military Surgery in particular owes to his skill and genius, but I should like most respectfully to testify to the very deep feeling of respect and affection with which he was regarded in the A.M. Corps. From his unrivalled experience in the great European campaigns as to what war on a large scale really means, he was of course the most renowned critic and authority of military surgery and administration; yet on more than one occasion he did not hesitate to use both voice and pen in our behalf when he considered that the Army Medical Department was unfairly blamed for not achieving impossibilities.

It was my good fortune to meet him on several occasions when I was filling a subordinate position in the medical division of the War Office, and I could not speak in this Hall to-night without mentioning his name and referring most gratefully to the unvarying kindness which he always extended to me and my brother officers.

But St. Thomas' has sent out many other students who have attained distinction as military surgeons. The Army Medical Corps during the South African War was reinforced by several consulting surgeons, and surgeons, whose names are well known to you—Mr. Makins, Mr. Osborn, Mr. Wallace, and many others, while at least 30 of the civil surgeons employed belonged to this Hospital.

Of those who have adopted the Army Medical Corps as a career, the following are a few taken at random:—

G. W. Robinson, specially promoted for good service in the Soudan at Atbara and Khartoum, lately commanding the Depot at Aldershot,

Guise Moores, now in the Scots Guards, who is doing all the surgical work at the Connaught Hospital, Aldershot,

F. A. Harris, now unfortunately retired, who served all through the South African Campaign.

Whiston of the Irish Guards, who served for seven years in Egypt, and took part in all the recent operations in that country including the capture of Khartoum.

Pinches, Butterworth, Bent, and many others whom I have had the pleasure of meeting at one time or another in past years.

You see, therefore, that St. Thomas' has contributed many good men and true in the past and many are still serving in the present and now what are you going to do in the future? To this you will naturally reply, "What are you going to do for us if we come?"

That is the question I am here to-night to answer, and I am reminded of the advice of the excellent Ringmaster when he was taken to see "Hamlet"—"Let's cut the cackle and get to the 'osses."

Well in the first place let us deal with the pay, and in doing so please do not imagine that I am insinuating that St. Thomas' men, or men of any University or School, look upon their profession simply or primarily as a matter of pounds, shillings and pence. I put it first because it is a concrete subject, which admits of exact description and can most easily be treated as a whole and then dismissed.

At the same time it would be absurd to undervalue it, as I presume that the number of men with large private means who study medicine is comparatively small, and that the great majority of students who enter this profession do so with the view of making their living by it.

Well, that is what you will do in the Army—you will make your living. You won't make a fortune. Bear that in mind! But you should be able to live in decency and comfort without being haunted by that black care (of debt) which Horace tells us sits behind the horseman.

The pay has recently been increased, especially in the junior grades where it wanted it badly; and I have no hesitation in saying that provided a young officer practises moderate economy and takes his fair share of Foreign Service, he can live if necessary, without any private income whatever, from the first day of his entering the service.

I have put on the black board a statement by ranks of the total average income which officers receive in money or money's worth. I am obliged to put it this way as the income is made up of pay and allowances. The pay is the same everywhere except in India, but the allowances vary in different stations and at different times of the year. Sometimes the officer gets the thing itself and not the allowance in lieu. It stands to reason that if you get

quarters or soldier servants, forage or fuel and light, you cannot get the money allowances as well ; and if you try you will be involved in a correspondence with the accountant.

In India the pay is at a consolidated rate in rupees and there are no allowances as a general rule. Here too the pay has lately been increased in the Junior ranks and what was undoubtedly a hardship for young officers has been removed.

In describing the amounts shewn in these Tables as the total average income, I should perhaps have stated that they represent the *minimum* in each grade ; because while it is unlikely that under ordinary circumstances any officer should ever receive less, he might reasonably hope under certain conditions to receive more. This is a very comforting idea ! In most Foreign Stations Colonial allowances are issued, or rebate on Customs duties. On Active Service, Field Allowance is granted and free Rations, and so on ; but the most important of these extra emoluments are, for the Senior Officers *charge pay*, that is, additional pay for being in charge of a hospital at rates varying from 2s. 6d. to 10s. daily, according to the number of beds ; and for Juniors *Specialist pay* at 2s. 6d. a day for Captains and Majors specially qualified in certain subjects. These additions were only granted by the latest Royal Warrant and are applicable to India as well as other stations at home and abroad.

Now to wind up this financial statement, which is perhaps somewhat dull, but which is certainly important ; what is a man to look forward to when he leaves the service ?

1st. An Officer may be permitted to retire after 3 years service and join the Reserve, receiving a small annual honorarium of £25.

After 9 years service (5 as Captain) there is a gratuity of £1,000. After 15 years service or 3 years as Major £1,800, and after 18 years service or 6 years as Major £2,500. After 20 years comes the pension (a word as blessed as "Mesopotamia") of £1 a day, increasing to £1 2s. 6d. after 25 years service, or £1 5s. after 30 years. A Lt.-Col. of the higher grade receives £1 7s. 6d. to £1 10s. according to service, a Colonel £1 15s., and a Surgeon General £2. To gain these higher pensions an officer must serve 3 years in the rank. Special provision is made for wounds, injuries, or disease contracted in and by the Service, and also for Widows and Orphans in case of death. I will not trouble you with details which vary

according to circumstances, but you will find a very good official synopsis published in the *Lancet*, May 23rd, 1903, and I shall be very glad to give any information in my power at the conclusion of this paper. So much for the money question.

What is, and what ought to be, a more interesting subject for young and ambitious men is, "What is the career?" Now I am not going to paint anything in rose colour and I tell you at once it is no easy billet. It is not a "soft job." It is a hardish life and I think it is harder on the young officer now than it used to be. When they raised the pay they did not forget to raise the standard of requirements. At the same time, I am sure that a hard working young officer has more chance, more scope, more opportunity of showing his own individuality, than he had formerly. The Entrance Examination is more practical—the marks for this and the course at the Army Medical College and the course at the Dépôt at Aldershot are all added together, and according to the total result the candidate is eventually placed in order of seniority in his batch; and his position in his batch will be of importance to him 20 years afterwards when he comes to be selected for the higher appointments.

More than this, a great opportunity is given to every one later on and you may be sure that the ambitious man will take advantage of it, and the slackster be left behind. After a qualifying examination for the rank of Captain, mainly on military subjects, comes in due course the Professional Examination for the rank of Major. This is practically competitive because according to the proficiency displayed by the Candidate, promotion may be accelerated by 3, 6, 12, or 18 months. This means not only that he may obtain his promotion in so many months *less time*, but that he will be promoted *before* others who have not gained this advantage, and therefore will be senior to them for the rest of his Service. This is a new institution, and the result will be to give an enormous advantage to the keen zealous professional officer. Moreover these officers will obtain the appointments carrying additional pay for special subjects.

I have sufficiently indicated, I think, the advantages—and also the necessity—of keeping up one's professional knowledge; perhaps a few words might be said as to the opportunities that exist for the practice of the various branches of the profession. Surgery has immensely increased; with the introduction of modern theatres, far

more operations of all kinds are undertaken at all large Hospitals at home and abroad and no young Surgeon need be afraid of lack of material even in time of peace. The study of tropical medicine remains, of course, the special domain of the Army and Indian Medical Officers. The bacteriologist will find laboratories at all large centres at home and abroad well equipped for him and for the Sanitary Officers who are appointed at all commands for their special duties. Nor is general practice neglected.

Apart from the professional care of the families of Officers, Non-Commissioned Officers and men, for which every Medical Officer is responsible, special hospitals for women and children exist at all large stations to which Officers are appointed who are specially qualified.

There are also special hospitals for infectious diseases and special wards for eyes, ears and throats.

Perhaps it may be thought from the frequent use of the word "special" that the Army Medical Corps is composed entirely of specialists. I hasten to assure you that this is not the case. I think it would not be a good thing for the Corps if it were, and I am quite sure it would be a bad thing for the Army especially in time of war. One is reminded of the distinguished Professor who was suddenly called to a case of illness. "Is he sick?" he asked. "Yes," the anxious relatives informed him, "he is very sick," "Has he got fits?" "No," they admitted that he did not suffer from fits. "Oh, then you had better send for some one else, but it is a pity, for I am death on fits." From the point of view of the mere patient it may possibly be a disadvantage if the horizon of the practitioner be too limited, and the great variety caused by service in different stations and different climates prevents this being the case in the Army. It is almost certain to fall to the lot of every Officer at some time of his career to be perhaps the only representative of his profession at some small station, and to be called upon to undertake anything from Midwifery to Dentistry and do the best he can for the credit of the Corps and for the relief of his patient.

And it is a good thing for the Army that it should be so when one thinks of the scattered stations in India and some Colonies, the isolated camps, the crowded troopships in mid ocean, and the small detachments and separate columns which come into existence in all

expeditions, and of which the late South African War gave us so many examples.

You see, therefore, that you need not be deterred from entering the Army by a noble fear that you will not have enough to do. In fact I *have* heard, very occasionally of course, complaints of *over-work*. I fancy such complaints are not confined to any particular branch of the Army or professions in Civil life.

But even the keenest worker requires relaxation of some sort and you may care to know what recreations exist in which a man may employ his spare time—if he has any.

To put the “ologies” first; the variety of stations and climates offer exceptional advantages to any man with a scientific hobby. Friends of my own found time to study Botany and Geology in South Africa. Egypt and India provide ample material for Ancient History and Archaeology. One of our officers has the most perfect and valuable collection of the moths and butterflies of the West Coast of Africa. I knew a man (he did not belong to the R.A.M.C.) who spent 5 happy years in tabulating the shells of St. Helena and was disappointed because he could not go back to complete his cabinet. In fact you have only to think of the extent of the British Empire to realise the scope there is for scientific work and play of all sorts and all varieties.

For recreations pure and simple, for sports and games of all sorts, the young officer of moderate income has one great advantage over the civilian, and that is in combination, in “Mess Life.” We have Messes of our own Corps at Aldershot and Netley at home, in Rawul Pindi and in other stations abroad, but wherever a Medical Officer is stationed at home or abroad, he will find a Mess of which he may become an Honorary Member. and generally a Garrison or Station Club. The advantages of this are twofold. First he meets men of all branches of the Army, gets away from “Shop” if he likes, widens his views, rubs off his angles and makes pleasant acquaintances. Secondly by the combination of many, all sorts of sports are made accessible for small subscriptions. I trust I may be pardoned for boasting if I say that there hardly exists any form of sport of which some of our officers have not been notable exponents. Shooting, either game or at the Rifle Butts, Polo, Cricket, Yachting, Racing as well as the humbler and cheaper amusements of Golf and

Tennis, and perhaps to wind up the list, I may say I know one who was a champion at Billiards, and several who play a good game of Bridge.

Gentlemen, it used to be the practice when giving any nasty physic to children to wrap it well up in jam, and I am afraid you may think that in describing the life of a Military Surgeon I have given you nothing but jam, and you may ask, "are there no drawbacks?" "Is there no bitter powder?" Well, I told you I meant to be as honest as possible and therefore I will give you the powder separately. Whether you will find it bitter or not depends on each man's constitution—it is, to begin with, a life of *change*, and sometimes, unavoidably, especially for the junior officers, pretty frequent change.

Apart from the regular alternations of Home and Foreign Service which succeed each other as a man's name goes up the roster, there must be in all commands casualties, unforeseen demands and unexpected circumstances arising, which call for the transfer of a Medical Officer; and in these cases it is the usual custom for the Junior or latest joined to be sent. And if you think of it, the rule is a good one. In the first place every man has his share of it, and as he becomes more senior is less liable to be moved; and in the second place a young officer just arrived, let us say, in a Command in India, has not unpacked and settled down and it is less trouble and expense for him to be moved about, than to uproot a Senior who is settled in a station with his bungalow and furniture and everything comfortable. Anyhow there is this possibility of being moved in the early years of service and it should be faced and taken into account, and I would very deferentially hint to any intending Benedict that the discomfort and expense of frequent changes are very much greater to a married man than to a bachelor. As a man gets a little more service and a little more pay, he may very happily marry and hope to make a home for himself in the station to which he is sent.

Then there is no doubt a certain risk to health, apart from Active Service. We all know from statistics that a doctor's life under any circumstances is not so good for Insurance purposes as that of a clergyman, and very little better than that of a publican; and a life spent in climates varying from Canada to Aden, from the

Transvaal to Sierra Leone, or in India which contains all varieties and all combinations, must necessarily incur more risks than one passed in country practice in England. On the other hand, these risks may easily be over estimated. Advances in sanitation and preventive medicine, improvement in remedial treatment both medical and surgical, and above all, more rational habits of living (in which of course the doctor will always set the example) have all contributed to rob localities formerly dreaded, of their bad names. Moreover, *pace* the Insurances Societies, life does not consist of a certain fixed period of years, but of what one has done, or seen, or known, or learnt, or, it may be, suffered.

Finally, there is the question of discipline. Whenever any "trusty and well beloved" gentleman accepts the King's Commission, he swears (and pays 30s. for it) to obey the orders of "any of his superior Officers," and a fully qualified member of the medical profession may object to take orders from a mere General who doesn't know measles from appendicitis. In the first place let me warn you that a man *must* obey orders even if ignorantly given, and in the second place, that no one is silly enough to give orders on subjects that he does not understand.

In all ordinary matters of conduct and discipline, the General is of course supreme, but in all professional questions the Junior Surgeon is as absolutely free as he would be in civil life. He is responsible for his own work and his judges are the senior officers of his own Corps, the Surgeon-General or P.M.O. of the district in which he is serving. He may be disappointed in his own pet scheme for sanitation. His recommendations for Barrack construction may be over-ruled by hard considerations of finance. His demand for Transport may even be set aside, under those stern conditions of war when "the pills must give place to the bullets," and should these things happen, as they must occasionally, the wise man will give his reasons, and make^o his protest, and then shut his mouth and "carry on" as they say in the Sister Service, to the best of his ability, realising that he is only a part, although an important one, of a great organization containing many branches.

Gentlemen, I have tried to the best of my ability to set fairly before you the pros and cons of life in the Army Medical Corps and I thank you very sincerely for the kind reception you have given

me to-night. Before I sit down there is just one thing I should like to bring to your notice. Whether many or few of St. Thomas' men will join the Royal Army Medical Corps I cannot of course guess, but it is quite certain that in the ordinary course of events a large number will soon be settled down in practice in town and country. Now to these gentlemen I say, "are you going to do anything for the country to which you belong beyond paying taxes?"

This is a great Empire, the greatest, they say, which the world has ever known, great and at present peaceful. But it can only remain peaceful and great if it is prepared against attack. One of our great soldiers has been raising his voice in no uncertain tones as to the necessity of every citizen bearing his part in the scheme of preparation. Can you do anything? Yes, certainly you can. For men in practice in England, Scotland and Ireland, there are Medical Companies of Militia who need officers. These Companies are trained every year, officers and men, and would take the places in the Military Hospitals in time of war of Royal Army Medical Corps men removed for Active Service. In many of the large towns of England and Scotland there are Medical Companies of Volunteers, and every Brigade of Volunteers has its own Bearer Company of 3 Officers and 58 men. All of these have their own place and duties in the scheme of mobilisation for Home Defence in case of invasion; and all the Officers are employed in training their own men in their special duties. I am proud to say I have many friends both in the Militia and Volunteers, busy men in practice, who have yet found time for this most important duty; and the value of the Reserve thus formed may be gathered from the fact that very many Officers and approximately 1,000 trained men went out during the South African War. Poor Wellington Lake, a St. Thomas' man, lost his life there. Besides this every Volunteer Battalion has its own Regimental Surgeon, sometimes more than one, and also every Yeomanry Regiment. I hope Regimental Surgeons may soon be re-established for the Battalions of Militia. Many of my own friends fill these appointments and while enjoying the social advantages of a Regimental Mess life, look after the medical requirements of the Battalion, attendance in Camp, Recruiting, Sanitation and training of Regimental Stretcher Bearers. Some of my friends in practice say they have enough of doctoring all the year

round, and accepting combatant commissions, have proved first rate instructors in drill, discipline and musketry.

But perhaps some of you may say that acceptance of a commission of any sort limits a man's freedom of action, makes inroads on his time, and involves him in needless expense for uniform, subscriptions, etc. To these I would earnestly commend the St. John Ambulance Association to which I have the honour to belong, and its Brigade. In almost every town in England, certainly in every district, branches of this most excellent organization exist in which numbers of all classes and both sexes are instructed by the Medical Officers of the Association in First Aid, Nursing and Sanitation, and certificates and medallions are presented to candidates who are successful in the Examinations. The Brigade consists of members who undergo in addition a fixed number of Drills every year and keep themselves efficient in their Ambulance duties. The value of this training can of course hardly be over-estimated, but it has a peculiar interest to us in the Army, as from the Brigade are formed Bearer Companies which are affiliated to the Royal Army Medical Corps, and which undergo a regular annual training at large Military Hospitals and have their recognised places as Medical Units in the scheme of mobilisation for Home Defence.

The country owes a deep debt of gratitude to the St. John Ambulance Association and Brigade, for more than 2,000 of its members volunteered for and proceeded to South Africa and rendered valuable services in all our Military Hospitals and Bearer Companies. The St. Andrew's Ambulance Association and Corps is a similar institution in Scotland, and every large town, district, railway and factory has its own branch, where instruction is constantly going on. I shall be only too happy at any time to put any gentlemen in communication with either of these two great organisations, which are always ready to welcome energetic medical men.

Gentlemen, I trust I have not wearied you by these last remarks and that you will not think I have wandered too far from my text, but I feel very strongly that every man should do something for this Empire of ours of which we are so proud, so I have ventured to put before you some of the methods in which medical men may help

and do good work. Let me remind you in conclusion of the words of Faulconbridge :—

“ This England never did nor never shall
Lie at the proud foot of a conqueror,
But when it first did help to wound itself.
Now these her princes are come home again,
Come the three corners of the world in arms,
And we shall shock them ; nought shall make us rue
If England to itself do rest but true.”

Old Students' News.

(Contributions to this column are very particularly requested.)

R. R. Harper, M.R.C.S., L.R.C.P., has been presented with a pair of silver candelabra and a silver bowl by his many friends at Holbeach, where for many years he has been in practice.

* * *

J. E. H. Sawyer, M.A., M.D., Oxon., M.R.C.P., has been appointed Physician for Out-patients to the Birmingham and Midland Free Hospital for Sick Children.

* * *

The board of the West London Hospital has appointed L. G. Bidwell, F.R.C.S., full surgeon without waiting for a vacancy, in recognition of his fifteen years' work in the out-patient department.

* * *

It is with deep regret that we have to record the death of A. H. Newton, M.D., M.R.C.S., which occurred on February the 22nd.

* * *

The following have been elected as Vice-Presidents of the Cape of Good Hope Western Branch of the British Medical Association :—

S. W. F. Richardson, F.R.C.S.

J. H. De Villiers, M.R.C.S.

* * *

G. W. Waller, M.R.C.S., L.R.C.P., D.P.H., has been appointed honorary surgeon to the General Hospital at Stroud.

Captain W. H. Tucker and Captain H. F. Shea, both of the R.A.M.C., are in London and may often be seen at the Hospital.

* * *

The following have been appointed house surgeons:—

F. D. Atkins, M.B., B.S., to the General Hospital at Croydon.

A. D. Brunwin, M.B., B.C., to the Denbigh Infirmary.

G. Finch, M.R.C.S., L.R.C.P., to the Radcliffe Infirmary at Oxford.

* * *

All golfers, who would like to play for the old students in the proposed "Past v. Present" match, should send their names and handicaps to Dr. H. J. Prangley, Tudor House, Anerley.

* * *

A new edition of the address book is in the press, and notice of change of address should be sent to the Secretary of the Medical School without delay.

"A Pinful* Incident."

" SHE WENT TO THE CUPBOARD,
TO GET THE POOR DRESSER A PIN."

IT was a peaceful morning in ——— Ward. The first breaths of March air laden with the incense of the mighty city wreathed their way affectionately through the half opened windows and smote with grateful freshness on the fevered brows of the Gentle Dressers as they mechanically performed their allotted tasks. Escorted by the Sister of the Ward, the graceful form of the Overseer could be seen rythmically bending in a sympathetic parabola of quick scrutiny (or words to that effect) over each bed, the low murmur of their interrogative interlocution but emphasising the healing calm of that vast arena.

One could have heard a porringer drop—but fortunately did not. Suddenly their way was barred by a Dresser. White-faced, wild-eyed, gasping, yet ironically—that is, ironically, resolute, with clenched

* Ed. : "Look here ! None of these puns !"

"But it's a true incident !"

Ed. : "No Matter. Can't have 'em, see ?"

"All right, but it cramps one's style !"

hands and heaving bosom betraying the pent up struggle of a natural timidity goaded to a demoniacal boldness, (more of this? Editor: No, no, get to the point).

"Sister"! he gasped in tense whisper, his voice sinking with each syllable, "Sister—may I have a safety pin?"

Petrified amazement inconsequently mingled with bewildered admiration was instantaneously (cannot you clip these a little?—ED.) depict. on every countern. A wave of excitem. passed like a vibr. of transcend. hyp. magnet. (all right. Have it your own way—ED.) through the Ward. The patients that were able to, sat bolt upright in bed—the others rolled on the floor. The Dressers ceased work as though by magic. Several undetected stitches burst with loud report and a double wrung rigor seized the oldest chronic case with a grip that afterwards defied removal even with bone-forceps. The whole of College House was trebly rung. Big Ben struck 99. On the river two barges collided with an impacted oath and the local steam-boat service laid up for another season; the Members' Terrace was flooded by a tidal wave, whilst in the streets horses bolted and motor buses stopped dead. As far off as Charing Cross a workman's pipe unaccountably went out. No fewer than 8 sea-gulls (enough of this—it's nonsense—ED.)

Even the steriliser dried up. (Worse.—ED.)

Sister was magnificent—the calmest person there. Slowly the raised brows came down to normal, fluctuated a little, then remained steady. The economic hand sought and eventually drew forth from a secret pocket a key of such intricate design that the skilled craftsman, who had fashioned it, intimated his preference for death by hanging sooner than a repetition of his task.

She turned and majestically strode down the ward, followed by a stunned procession of awe-stricken observers. By the side of the door, cunningly shaped and painted to resemble a simple oaken cupboard of guileless appearance, was in reality a fire-proof, burglar-proof, tamper-proof, air-germ and damp-proof safe of massive steel. A mystic formula, deft turn of the wrist, grinding burr of concealed mechanism and the solid metal doors slowly swung back. A subdued cheer was scowled down; every head was eagerly pressed forward; each eye was strained on a common focus, for there in all its sterile and solitary glory, glittering in the dark like a precious crystal of unique rarity, a priceless gem of long hidden beauty, lay *a single safety-pin!*

Club Notices.

HOCKEY.

Replay of the Cup-tie.

ST. THOMAS'S (Holders) v. ST. BART.'S.

This match was played on the Hampstead ground at Richmond on Thursday, February 15th. Our opponents were very unfortunate in not having Page, their left half, owing to an injury to his knee.

Soon after the start the Bart.'s forwards got together well and Glenny opened the scoring for them. After some even play in the centre we got the ball down to their circle, and Bulley equalised with a good shot.

Bart.'s were at this point of the game playing up very hard, and after a rush up their left wing, Glenny, again scored. They pressed hard till just before half-time, and had our backs not been playing well they would have scored several times. Bulley and Howitt then got going, and on passing over to Gibbs, the latter scored our second goal. On changing ends we had much more of the game, several corners being given in our favour. The ball remained near their goal, and at last Gibbs registered another goal for us with a good shot from a difficult angle. Dawes then took the ball up the left wing and centred hard; Gibbs took the centre well and quickly shot another goal. Bart.'s then made a rush down to our goal, and the right wing passed across to Lewis who, being badly marked, scored their third goal; time was then called, leaving us the winners by 4 goals to 3.

Footner was able to play for us this time and proved of great service at left half, Nightingale playing left back with great success. All the backs played well; Wootton made some good saves, while Gemmell hit very cleanly and passed accurately to the forwards. Fox did a lot of useful work at centre-half. Gibbs and Dawes were the best of the forwards; Gibbs always seems to score for us in the cup-ties, and was in particularly fine shooting form on the day. Dawes took his passes on his stick beautifully, and all the forwards got together much better than in the last match. It is a pity there is not a little more enthusiasm shown over hockey at the Hospital; we seem to be doing better at it than at any other game, and we won the cup last year; yet our supporters numbered four or five, in spite of the fact that it was a replay and was sure to be a close game!

Team: J. C. Wootton, A. C. Gemmell, H. J. Nightingale, backs; C. F. O. Sankey, J. C. Fox, G. R. Footner, halves; W. C. A. Ward, S. R. Gibbs, A. B. Howitt, F. M. Bulley, H. E. T. Dawes.

Semi-Final.

ST. THOMAS'S v. GUY'S.

Played at Richmond on Wednesday, February 28th, and resulted in a win for St. Thomas's by 8 goals to 1. For this match neither side was quite at full strength, Guy's being without Archer at full back, while we were without Gibbs and Bulley, their places in the forward line being taken by Windsor and Sanderson. For the first few minutes Guy's pressed strongly, gaining two corners, but we soon got together and play ruled even for a time.

Dawes was making some good runs at outside left, and from a hard centre of his Sanderson scored our first goal at the end of a quarter of an hour's play with a splendid flying shot. Shortly after Sanderson scored again by smartly following up a shot which Moyle in goal had stopped but had not had time to clear.

At half-time Guy's re-arranged their forward line and gave our defence a busy time for ten minutes. Gemmell, who was far and away the best man on the field, was playing a great game at centre back and broke up the Guy's attack time after time. Our halves were putting the ball well up to the forwards and from a *mêlée* in front of goal Sanderson scored again. Shortly after Dryland scored with a good shot that gave Wootton, who had dropped into goal, absolutely no chance. For the remainder of the game we were pressing hard and should have scored again.

Our team showed a marked improvement. The half-back line in particular was excellent, Sankey being the most prominent, repeatedly making openings for his forwards. Sanderson distinguished himself in the first game he has played for the team by scoring all the goals; he dribbled well and was very quick in the circle with his shots. Dawes was also in excellent form, making a lot of ground every time he got the ball, while Gemmell was playing a marvellous game at back both in attack and defence.

Team: H. J. Nightingale, A. C. Gemmell and J. C. Wootton, backs; G. R. Footner, C. F. Fox and C. F. O. Sankey, halves; H. E. T. Dawes, J. F. Windsor, A. B. Howitt, A. F. Sanderson and W. C. A. Ward, forwards.

UNITED HOSPITALS HARE AND HOUNDS.

The inter-hospital hare and hounds challenge cup was run for on Saturday, February 10th over the ten miles course at Blackheath. The ground was very heavy and all against fast running. Bart's (the holders) won with 11 points, London were second with 22 points and Guy's third with 36 points. For our club only G. C. Birt ran, who came in first, doing the course in 64 mins. 10 secs. It seems rather disgraceful that we should only be able to start one man to represent our club, and it is a great pity fellows will not turn out to support Birt, who is a runner of no small powers. We hope that next year a little more interest will be taken in this event, and there is no reason why St. Thomas's should not once more hold the cup.

RUGBY FOOTBALL.

1st XV. v. OLD MERCHANT TAYLORS.

Played at Richmond on the Old Deer Park on Saturday, March 3rd. In the first half the O.M.T. scored 2 goals and 2 tries, though this score does not represent the play, two tries being of a very fluke nature. Forward the Hospital held their own, but were quite out-paced behind, Raphael being very prominent. In the second half the O.M.T. scored a further goal and two more tries, one of them being scored from a knock on. The Hospital was not at full strength.

Team : C. J. Fox ; W. Morton-Jack, A. J. Rae, W. H. R. Sutton, J. N. Wheeler, C. L. Petch, J. S. K. Foote ; W. O. Meek, S. F. Dudley, F. M. Neild, R. L. Gamlen, N. W. Jenkin, R. B. Abraham, R. L. Barwick, P. T. Harper.

"A" XV. v. U.C.S. OLD BOYS' "A."

This match was played at Isleworth on Saturday, February 17th. Rain fell heavily all day and only twelve of our men turned up. After driving in a waggon to the field, we commenced the game, which consisted in a mud-fight, the ground being more like a ploughed field when we finished. All through the game the Old Boys proved themselves to be more efficient in the art of mud pushing, and won a most uninteresting game by 8 goals and 2 tries to 0.

"A" XV. v. MERCHANT TAYLORS' SCHOOL.

This game was played at Bellingham on Saturday, February 24th. The School won after a very enjoyable game by 1 goal and 2 tries to 2 tries. We played five three-quarters, but the ball was rather greasy, and they were not able to display their powers as much as we should have liked. The centres were inclined to be rather selfish and did not go for their men well enough. The forwards were good, except in touch where they invariably lost the ball and failed to hold their men. For us Cox started the scoring from a scrum, and Fox soon added another try, but Startin was unable to improve on either. The School seemed very fond of lying on the ball, which spoilt the game to a great extent, and after playing forty minutes each way, the game ended as above.

Team : back, F. R. B. Skrimshire ; three-quarters, P. Harper, E. A. Seymour, W. H. R. Sutton, E. H. Marshall and C. J. Fox ; halves, A. G. V. French and W. Morton-Jack ; forwards, J. Startin, R. L. Barwick, R. Cox, J. M. Custance, N. M. Fergusson, S. F. Dudley and R. B. Abraham.

ASSOCIATION.

1st XI. v. R.M.C., at Sandhurst, Saturday, February 10th.

Our annual fixture with R.M.C. was played under most adverse conditions. We found awaiting us a wet ground, high wind, heavy ball, and occasional hail storms. Under these conditions the forwards were completely at sea on both sides.

We won the toss and started with the wind at our backs, playing up hill. R.M.C. started with a rush, and only just failed to score. The play then settled in mid-field for some time, the Hospital forwards occasionally making isolated little spurts for goal, but the R.M.C. defence was too strong for us. Blandford made a strenuous effort to put his opposing back *hors de combat*, and shortly afterwards a corner was given. Svenson took the kick, and allowing for the wind, put it beautifully in the goal, thus scoring the only point of the match.

On changing over the Hospital forwards did some good work but were not rewarded with success, and for the last twenty minutes Sandhurst kept up the attack, and had rather hard luck in not scoring. However, we managed to keep our goal intact, thanks chiefly to Dalgleish and Holl, and so finished with a victory of 1—0.

Team: S. R. Gleed; F. B. Dalgleish, F. H. Holl; B. G. Gutteridge, W. G. Verdon, W. B. Johnson; R. Svenson, J. P. Lupton, S. L. Walker, H. O. Blandford, H. L. Mann.

INTER-HOSPITAL CUP-TIE, 2ND ROUND.

This match, against the London Hospital, was played on Thursday, February 22nd, at Chiswick, and resulted in our defeat by 5 goals to 1. It must be confessed that, humiliating as the event proved to be, it did not come altogether as a surprise. Indeed, had it not been for Roberts, who, with characteristic sportsmanship turned out and played at centre-half, things would probably have been worse. It is always a natural impulse, in calamities such as this, to endeavour to find some cause, or at any rate some excuse. It is true that a large proportion of last year's team, which played an excellent game in the final last year, has either left the Hospital for other spheres of action, or has been relentlessly superannuated, also that the supply of new men to take their place has been exceptionally small; but even taking these facts into account it is impossible to deny that a want of enthusiasm and general flabby indifference as to results, have played no inconsiderable part in bringing about this undesirable end.

As regards the game itself, there is but little to be said. Our only goal was scored by Page after a good run up, but the general play of our forwards was marked by scattered and ineffectual individual efforts rather than by any attempt at combination. Mann and Svenson made a few good runs up the wings, and as it is the first year of the former he should prove a useful addition to the team for some time to come.

The general impression of the forward play, however, was that it was quite inefficient against the London backs, and our backs were in much the same position with regard to their forwards.

Johnson, as usual, played a sound hard game at left half, tackling well and strongly and using his head with much skill and effect.

Roberts at centre-half made a great difference to the team, but as this was unfortunately only his second game this season it was inevitably not very long before the strain began to tell upon him.

It is to be hoped that next year there will be more enthusiasm and keenness for the game, leading to a result more creditable to the Hospital.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall. The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

St. Thomas's Hospital Gazette.

No. 5.

JUNE, 1906.

Vol. XVI.

The following forms Chapter viii. of Book III. of "The Spirit of Nations." Translated from the French, and printed in 1753 for Lockyer Davis, at Lord Bacon's Head, in Fleet Street; and R. Baldwin, in Paternoster Row.

BEFORE we leave *Asia*, it seems indispensably necessary to say something of a Nation separated from the rest of Mankind in Position, and almost disclaiming all Commerce with them; these Circumstances indicate that I mean the *Japonnese*. *China* has introduced its Religion, together with its Sciences, into *Japan*; of which, however, the right Name as used by the Natives, is *Nipon*, or the *Foundation of the Sun*. But, whatever Similarity there is betwixt its Government and outward Forms and those of *China*, the Difference in Tempers is so wide and multifarious, that it is surprising how any observing Travellers could think of ranking them among the *Asiatics*.

In this Nation are to be found Monuments of an immemorial Liberty, which overthrow all the Arguments that might be drawn from despotic Forms, against the Bent of the Nation's Genius.

First, hereditary Nobility is no less common in *Japan* than in *Europe*; I mean as to Princes and the chief Families. A Nobility and Despotism are never seen together. The Fiefs of their Princes are often as large, and yield a Revenue equal to those of several Electors of the *German Empire*.

Secondly, all Travellers agree, that this Nation is so ferocious, so turbulent and warlike as not to be held in a civil Order, but by Laws extremely severe and sanguinary.

Thirdly, civil Wars fill whole Centuries in their History; so that the only Precaution the Emperor could find against those Princes intrenched, as it were, in inaccessible Places was to oblige them to a six Months Attendance at Court every Year, leaving their Wives and Children as Securities for their good Behaviour during the other six.

Lastly, here the Point of Honour, after being lost in the numberless Crowds of *Asiatic* Nations, lifts up its Head. Glory is the universal Motive with the *Japonnese*: prompted by Glory, he

risques his own Life when any Engagement requires it, or extinguishes it when no longer to be held with Honour; They seem to be the *English* of *Asia*. Since the finest Ages of the Church, no Martyrs have done greater Honour to the true Religion. Haughty, daring, splendid and generous; they little seem to be a Branch of the demure, sedentary, speculative, knavish and exacting *Chinese*.

It is not to be questioned but some Strictures from *China* have reached *Japan*, but not of such Force as to destroy the natural Character against the Influence of the Climate, which maintains in it that manly Difference from all the other *Asiatics*.

Most of the large Empires may, I think, be concluded to have some particular Districts whose Genius may have been overlooked by Travellers, and are more heroically tenacious of Liberty; but in no Part, *Europe* excepted, is there a Nation so considerable, who are Slaves by the Injury of outward Causes, but free by the Cast of their Mind and Dispositions.

Nothing remains towards a clear Distinction of *Europe* from *Asia*, but to bring the Marks of a despotic Government into one Point of view, to facilitate the Application of them to the Character of Nations.

Hospital Notes.

The chief event of last month was the visit of Baron Takaki to his old hospital. The three lectures were greatly appreciated by a large audience. At the Staff Club Dinner, which took place on the following Saturday, Baron Takaki and his son were present as the guests of Mr. Pitts, who acted as Chairman.

* * *

The degree of D.C.L., *honoris causa*, was conferred on Baron Takaki at a special convocation of the Senate of the University of Durham. "On arrival at Durham the undergraduates gave their visitor a very enthusiastic welcome, the horses being taken from the carriage, which was dragged up the hilly streets of the city by willing hands."

* * *

Mr. P. W. G. Sargent has been appointed Assistant Surgeon to the National Hospital for the Paralysed and Epileptic, Queen's Square.

We have to congratulate three new Fellows of the Royal College of Surgeons: Mr. D. K. Coutts, Mr. G. R. Footner and Mr. G. I. T. Stewart.

* * *

Dr. P. C. d'Erf Wheeler has been elected a Fellow of the Royal Institute of Public Health.

* * *

With regard to the hospital cricket, the somewhat gloomy prognosis of the sports editor of this *Gazette* has, unfortunately, been most amply justified. An account of our defeat at the hands of St. Bartholemew's will be found elsewhere.

* * *

At the present time the chief interest seems to centre in the Golf Competition and speculation as to the probable winner is rife.

It is satisfactory to be able to reflect that at this game, at any rate, we should be likely to hold our own with other hospitals.

* * *

The Smoking Concert was a success in every way. Many of the performers and the entire audience greatly enjoyed the evening. As a result the club has benefited to the extent of nearly twenty pounds.

The date of the sports has been fixed for June the 19th.

* * *

There is to be a dance on June 21st at the Empress Rooms, beginning at 9.30.

One of the objects is to make a little money for the Hospital Games. Tickets (price 12s. 6d.) may be obtained from Mr. A. B. Howitt.

* * *

The annual distribution of prizes will take place on Wednesday, June the 27th.

Professor Osler has kindly consented to give away the prizes.

It is interesting to note that the recommendations of the Committee of the General Medical Council include proposals of an almost identical nature to those suggested by Dr. Fairbairn in a paper recently read before the Medical and Physical Society. It will be remembered that Dr. Fairbairn insisted on the importance of midwifery teaching in a lying-in ward and the necessity of adequate instruction preceding a period of district work.

* * *

We regret to record the death of Mr. Frederick Walker at his residence, Beech View, Sidcup, on the 16th of last month.

The late Mr. Walker was a well known figure in this Hospital for over fifty years, having been elected Treasurer's Clerk as far back as May, 1844, and Steward in March, 1848. He retired on a pension in October, 1895.

Of a rather reserved disposition, he was a keen sportsman, a good shot, fond of cricket, and for many years a regular visitor at the Derby.

Mr. Walker was twice married, but leaves no family. He is survived by his second wife, a daughter of the late Mr. John Flint South, Surgeon to this Hospital.

* * *

The following is an extract from the *Medical Press and Circular* :—

“BAR *v.* MEDICINE.

“A pleasant little function took place the other day at Northwood, in the shape of a golf-match between a team of barristers selected from the Bar Golfing Society and a team of doctors led by Dr. Girdlestone. Dr. Girdlestone beat his opponent Mr. Beveridge by the handsome margin of 5 up and 4 to play, and Dr. Simson, Dr. Howarth, and Dr. Dane gained almost equally easy victories over Mr. Simpson, Mr. Hoare, and Mr. Marshall Hall. Two of the matches were halved, and in one only—namely, that between Mr. F. S. Jackson and Dr. Webb, was the barrister successful, and then only on the home green. In a foursome which followed, the doctors, represented by Dr. Girdlestone and Dr. Hawkins, did not do so well. They were actually 5 down at the eighth hole, but playing pluckily drew up level at the fifteenth; they lost the next two, however, and Mr. Beveridge and Mr. Bonner, their opponents, thus won by 2 up and 1 to play. We are glad to be able to congratulate the doctors on the prowess they exhibited and the

success that attended their efforts, especially as the team consisted of working members who cannot find much time to improve their game. Social contests such as these conducted in a sportsmanlike spirit can do much good in helping medical men and barristers, whose professional interests are so widely separated in many ways, to understand and appreciate each other, and we hope to see many more of them organized and kept up."

Mental Affections in General and Hospital Practice.

*Read before the St. Thomas's Hospital Medical and
Physical Society, February 8th, 1906, by*

R. PERCY SMITH, M.D.

A SHORT time ago I was asked to go down late one evening to see a patient in the suburbs whose history was as follows: A few months before he had had a short acute attack of mental disorder which had necessitated his treatment in an asylum but from which he had apparently recovered. He had however as the result lost his situation, and 14 days before I saw him he had again shown signs of mental disorder. This was marked by extravagance in expenditure, and delusion that his thoughts were divinely inspired so that he felt compelled to act at once on whatever thought came into his head, his conduct taking the line of cruel punishment of one of his children for a trivial offence, picking up a live coal and holding it in his fingers till they were severely burnt as a trial of faith, and a warning to his wife that she must expect other trials of her faith. On one occasion he took hold of his wife's throat and squeezed it very tight and frightened her. Although his wife was seriously alarmed at his conduct, especially to his child, yet when his brothers took steps to have him put under care she resisted strenuously, refused to allow attendants, who were sent down in advance, to enter the house, but kept them outside in pouring rain and at first refused to allow his brothers and me to enter the house to see him, said he was not bad enough to be taken care of and that it would be cruel to send him away. The interview with the patient was marked by his peremptory orders to us all to leave the house, by his insistence that he had never been better in his life, by his refusal to let me interview him apart from his wife and by a general hostility to his brothers. At first his conversation was guarded but eventually his delusions

became apparent and it was possible to certify that he was of unsound mind and that he was urgently in need of care, not only for his own sake but for that of his family, and then it became necessary to tell the patient that he would have to go away from home again and that meantime he must be in charge of attendants. One of the brothers signed the necessary authority for his detention as the wife was most anxious not to appear to be siding against her husband and was terrified as to what he might do in the future against her. When, however, the necessary papers were signed she acknowledged the many insane acts he had done in the few days previously and seemed relieved that at any rate the risk to the children was removed. There is little doubt however that if his brothers had not firmly intervened she would have allowed matters to drift on until in all probability some catastrophe would have happened. I was told that the usual medical attendant had previously refused on general grounds to sign a certificate of unsoundness of mind.

As an absolute contrast to this case I may mention the following one which I was called to see at about the same time. A gentleman who was a county magistrate advancing in years had become depressed as the result of some slight business trouble which he greatly exaggerated, became sleepless and restless, lost his appetite and became thin and then developed the delusion that he was ruined and had involved his relations in ruin. He had a constant dread that the mob would come and seize his property as the result of his inability to pay his way, that there would be a "hue and cry" after him and that they would want to hang him. Instead however of saying that there was nothing the matter with him and resenting a medical visit he was most willing to talk of his troubles, said that he felt he was going down hill mentally and that although he had no desire for suicide he felt it would be better if he were dead and gone and said that at times he felt he might do anything. He expressed his opinion at the outset that he ought to be under care in the county asylum with which he was perfectly familiar in his official capacity. After certification he went without the least resistance and in fact with his own consent to a private asylum accompanied by his brothers and it was not necessary to employ special attendants for his safe custody during the journey. The medical practitioner who had seen him before I did, had not the least doubt of the necessity for certification and was willing to sign a certificate.

These two cases exemplify the great contrast which may be met with in dealing with persons of unsound mind in private practice. In the most dangerous of the two cases there was an unwillingness on the part of the wife and of the general practitioner to take any steps whatever, but rather a desire to wait till matters had gone to extremities and an inability on the part of the patient to realise his

condition with the result of resistance to the necessary arrangements. In the less dangerous case there was a full recognition by the responsible relatives and the practitioner of the urgent need for care and treatment of the patient under special conditions and a similar recognition by the patient of the fact that his best chance was in allowing himself to be put under asylum care.

It may well be asked why there should be this reluctance on the part of the nearest relative of a dangerous patient to have him placed in safety, but there is no gainsaying the fact that the general public are still possessed with the idea that an asylum is a place to which a patient can be easily sent but from which it is almost impossible to remove him, that the sight of any other patients is sure to at once send him "clean off his head" and that therefore admission must be delayed to the last possible moment and that admission to an asylum is an irreparable stigma.

One constantly hears the remark "Oh but if I send my relative to an asylum I shall not be able to get him out," and one has to read Clause 72 of the Lunacy Act of 1890 to the effect that "a private patient detained in an institution for lunatics or under care as a single patient shall be discharged if the person on whose petition the reception order was made by writing under his hand so directs," which, however, is safeguarded by the very proper provision that patients who are dangerous and unfit to be at large cannot be so discharged except with the special consent of the Commissioners or official visitors. The fact is constantly overlooked that in the present state of the law it is more easy to obtain the discharge than the detention of a patient and that the pitfalls and obstacles to his admission for treatment are very numerous, so that the liberty of the subject is hedged about with abundant safeguards. Apart from the Urgency Order and Certificate which allows of detention for a few days only, there are the Petition, Statement of Particulars, two Medical Certificates and Reception Order by a judicial authority, all to be correctly filled up, and after admission there are such safeguards as the right of the patient to be seen by a judicial authority, the notice of admission to be sent to the Commissioners in Lunacy, together with copies of the documents, the Medical Statement made by the Superintendent to the Commissioners within seven days after admission, the right of the patient to correspond with the Commissioners, the Lord Chancellor the Home Secretary and a host of other officials, and the official visits of the Commissioners themselves or of the visiting justices or managing committee of the institution.

There is no doubt that the bundle of formidable looking documents designed in austere legal language and redolent of red tape alarms unnecessarily many people who have the unpleasant duty of filling them up, and the expression "an alleged lunatic" printed on

the medical certificate immediately after the name and description of the patient often causes unnecessary pain to the relatives.

Another argument that one often has to meet is that admission to an asylum will at once make the patient "quite mad" or "send him raving" or "clean off his head." I constantly have to tell people that this is not the experience of those who have the charge of asylums and that if it were so very few patients would ever recover. On the contrary, it is the commonest thing for patients to find that the institution is far more comfortable than they expected, to recognise at once that their condition is understood and to be on the most excellent terms with the medical and nursing staff and on recovery to preserve the same friendly feelings to those who have conducted them safely through a serious illness. One constantly hears patients say "While I was at home I worried my friends and they worried me, and I ought to have been put under care earlier." Very often with regard to the question of being put under care the patient is wiser than his friends and will recognise that he is not safe from himself at home, he may ask to go to an asylum, but his friends look upon his request as a sign of insanity instead of understanding that it is perhaps the sanest of his utterances.

No doubt a great deal of this is due to absolute ignorance by the general public as to the inside of an asylum, but those who are familiar with it, as in the case of one of the patients I have mentioned, recognise the benefits which may be derived from asylum care. Even the general practitioner, if he has not had the opportunity of residing for some months as a clinical assistant or house-physician in a hospital or asylum for the insane, is very imperfectly familiar with its arrangements, and so is not always able to guide the friends of patients in this matter.

There is no doubt that the Lunacy Laws in their present state are very repellant at any rate to persons of the private class, and lead them to postpone even in urgent cases the placing of the patient in those conditions where he will in the majority of cases have the best chance of recovery.

A great deal of the much talked of stigma attaching to admission to an asylum, is due to red tape, and the friends of patients will often run the risk of suicide or homicide with all the resulting public exposure of the patient's name and the details of his case, rather than resort to the steps which are conducted privately for placing a patient under care.

After all the real stigma is not the mere fact of certification, but the fact of mental disorder with all its possibilities and resulting social and legal disabilities.

The question is constantly asked whether certification does not involve publicity, ignoring the fact that application to the justice for

a reception order is made privately, and that the Commissioners in Lunacy are bound to secrecy as to cases coming under their official cognizance. It may be fairly said that if the relations of patients are judicious and do not talk about the cases of their unfortunate relatives to everyone they meet no one else will, and there are many people going about the world and doing their daily work who have recovered from attacks of insanity in asylums, the fact only being known to their immediate friends and the officials concerned.

That the Lunacy Laws are likely to be relaxed in the near future in the direction of recognising that institutions for the insane are really medical institutions, thoroughly equipped for the treatment of a diseased condition to which the admission of acute cases should be facilitated, is, unfortunately, not very probable.

One difficulty which seems to be present to the minds of many general practitioners and prevents them from signing certificates of unsoundness of mind is the fear of prosecution by the patient in the future. One of the undoubtedly beneficial provisions of the Act of 1890 is, however, the enactment that if any proceedings are taken against any person for signing a certificate, they may upon summary application to the High Court be stayed, if the Court is satisfied that there is no reasonable ground for alleging want of good faith or reasonable care. Many actions have been stayed in this way, and it is often a matter of regret that the practitioner who is most familiar with the patient's condition refuses to certify on the ground that in the existing state of the law he "never will sign a certificate." It ought not to be difficult for the general practitioner to prove "good faith and reasonable care."

In many cases it is the feeling that mental cases are obscure and more difficult to examine than many other cases which leads to this refusal. There is no doubt that the length of time required for the examination of a mental case is often very considerable and cannot easily be spared by the busy practitioner, and this difficulty sometimes accounts for the remark one hears, "the friends tell me so and so but I have never seen anything I should like to certify upon." Very often there is nothing to be "seen," and it does not do to wait till there is something, perhaps, very dreadful to be seen before any steps are taken. In mental cases we have to anticipate dangerous acts. It is the duty of the practitioner not only to note minutely what he sees in a mental case, but to find out and make notes of what the patient thinks. Very often this can only be elicited by a long private talk with him, in which one has not only to wait for what the patient will say, but by judicious questions to elicit the whole train of thought. It is always taught that in examination of medical patients leading questions must not be asked, but in mental

cases very often it is only by a leading question that the floodgates are opened and the patient tells his suspicions, his delusions and his intentions.

It commonly happens that the practitioner in giving the consultant the preliminary history does not know anything of a group of delusions likely to be met with in the particular case under discussion when a separate interview with the patient quickly reveals its presence. This is often the result of want of familiarity with the symptoms and course of mental diseases. It cannot be too often impressed on the practitioner that in every mental case he should write out immediately after seeing the patient the most careful notes of what he has seen of his conduct and what he has heard from him in conversation. The simplest way to impress the Court with "good faith and reasonable care" is to be able to produce notes of the case made at the time. The use of shorthand is very valuable in this respect, and it is thus possible to make verbatim notes of what the patient has said, which are of course far more valuable evidence in a Court than a host of recollections which may be upset by cross-examination. I strongly advise every medical student to learn shorthand, which he will find to be a most important saving of time.

Another attitude of mind sometimes adopted is carefully to avoid asking the patient anything about his delusions. I have known this done for the purpose of being able to say in the witness-box that there were no signs of insanity observed—surely a most unjustifiable attitude for anyone to adopt. This is the surest way not to know anything about the case, just as if one were to decline to touch a limb in which there was reason to suspect a fracture.

Another attitude of mind frequently adopted is to try and disguise from the patient the fact that he is looked upon as a person suffering from illness and to pretend that a consultation which has been duly arranged is a chance visit of a friend of the practitioner who is interested in something the patient is supposed to be thinking of. The relatives of patients constantly try to invent some story as to the reason why the consultation is held and want to introduce the physician by a fictitious name. Sometimes this has been done before the visit and lands one in a dilemma, and it is difficult to get the general public to understand that it is no more justifiable to say "the thing that is not" to an insane than to a sane person, that mental disease does not necessarily mean mental annihilation and that any deception practised on a patient is almost certain to create far more difficulties than it allays.

It is unfortunate that the general public will not look upon what they offensively call a "mad doctor" as an ordinary medical man, but have a sort of idea, derived from I know not where, that he is

a person who has never seen any other than mental cases. Even in the witness-box counsel will say, "Have you been engaged all your life in mental cases," as if any man in any branch of the profession had "all his life" worked at the same thing. There is no doubt at all that in the vast majority of cases the patient should be told frankly that he is ill and that a consultation is thought desirable in order to decide how he can best be put on the road for recovery.

Fortunately, however, all patients do not require asylum care and the question constantly arises whether in any particular case the patient can be satisfactorily treated elsewhere. In many cases the relatives will not hear of an asylum until some other method has been first adopted. If the patient be in affluent circumstances it is of course possible to take a special house or to adapt his own for the purpose, with if necessary, a resident medical man and staff of nurses, but in many cases this is out of the question and some other course has to be adopted. With regard to this it must not be forgotten that Clause 315 of the Lunacy Act enacts that "Every person who, except under the provisions of this Act, receives or detains a lunatic or alleged lunatic in an institution for lunatics or for payment takes charge of, receives to board or lodge, or detains a lunatic or alleged lunatic in an unlicensed house, shall be guilty of a misdemeanour and in the latter case shall also be liable to a penalty not exceeding Fifty Pounds."

With regard to the definition of a "lunatic" it is enacted in Clause 341 that it means "an idiot or person of unsound mind," and considering these enactments and the fact that numerous prosecutions have taken place for the reception and detention of patients without certificates it is surprising that so many people are anxious to receive mental patients into their houses. Every physician however engaged in the treatment of mental disorders constantly receives applications from doctors, nurses or others, who are desirous of receiving patients. Most of these want a patient who will give no trouble, who is not suicidal or dangerous in any way and who will pay well. Very often they are people who have had no experience whatever in the care or treatment of the insane, but who have either a house larger than is needed for their own requirements or consider themselves fitted by nature with special aptitude for the nursing of this most difficult class of cases or have merely had the experience of nursing a sick relative for some years. In many cases they have not the slightest knowledge of the Lunacy Laws or of the responsibilities they are likely to incur, and I regret to say that very often I hear from doctors who do not know the requirements of the Law and have not even a copy of the Lunacy Acts. It is in my opinion a most dangerous thing for anyone to undertake the care of a "borderland case" or of a single patient under certificates without

special knowledge, and many of the deplorable accidents with such cases arise from this defective knowledge.

In order to legalise the reception and detention of early or "borderland cases" and especially of those patients who need observation but are not yet definitely certifiable as of unsound mind or may be certifiable at one time and uncertifiable at another, it has been proposed that a similar enactment to that existing in the Scottish Lunacy Law should be passed for England, so that such cases shall be legally detainable for a period not exceeding six months upon a certificate that the case is a temporary one or the mental disorder not confirmed, and with notification to the Commissioners in Lunacy. There is no doubt that some such enactment would facilitate early treatment in many cases and prevent prosecutions, but in the first place the Law is not yet altered and there seems little chance of another Lunacy Acts Amendment Bill being passed in the present state of public business. Even if it is passed there will still be many cases in which the friends of the patient will object to any kind of notification, and there will remain none the less the need that such cases shall be placed under the care of those thoroughly competent to deal with them.

The proper care of the patient and not merely an addition to the income of the guardian must be the goal. If such a clause merely leads to more patients being placed in unsuitable hands and the chances of recovery being imperilled by want of skilled care, it will not have a beneficial but a detrimental effect. It is a very common thing to find that the nurses chosen for a mental case are those who have had no asylum training and who are quite unaware of the possible dangers or of the symptoms and course of mental diseases. It would be as reasonable to employ for a surgical case a nurse who had had no surgical training, or for a bad case of typhoid fever, a nurse who had never seen a case. It may be said without fear of contradiction that a nurse trained in a general hospital is more at sea with a mental case than a nurse trained in a large asylum with its infirmary wards and its many patients suffering from various surgical and medical diseases, is with a medical case.

The Medico-psychological Association has for many years instituted examinations for the purpose of granting certificates of competence for the nursing and care of the insane to those attendants and nurses who have undergone prescribed courses of instruction which now have to cover three years. Those who hold this certificate have evidence that their competence has been tested by examination and that they are fit to be ranked with nurses in other branches of the nursing profession and should not be considered as "keepers" or "warders"—terms which still linger in the minds of the public in connection with insanity. The revolution which

has taken place in the nursing of the insane is at least as great as that which has taken place in general nursing.

We may now consider what classes of cases can or cannot be suitably treated outside an asylum.

Perhaps the cases for which one is most frequently asked to find accommodation in private homes are the apparently mild cases of melancholia, beginning with symptoms of nervous exhaustion, lassitude, loss of energy, headache, inability to concentrate the attention or to carry out daily work, irritability, sleeplessness and loss of appetite. Many such cases find their way into nursing homes and are treated by Weir-Mitchell treatment, the mental side of the disorder being ignored. It must be remembered that although many cases of neurasthenia have some mental depression which passes off by complete rest, isolation and over feeding, yet many more cases of mental depression cannot be cut short in a brief period of time and recovery has to take place slowly. In other words there is no royal road to the cure of mental depression.

A short time ago I was consulted about a lady who had been isolated in a nursing home for massage and fattening. The fattening took place, but although the friends were told by those in charge that the patient was daily improving they were horrified and profoundly disgusted to find when they were allowed to see her that she was deeply depressed, that she had been fed with great difficulty, that she had attempted suicide and was still desirous of doing so and that from that point of view the treatment was a failure. The isolation necessary for the full Weir-Mitchell treatment keeps the melancholic patient dwelling more and more on his own thoughts and often does more harm than good. Again the risk of suicide is ever present in melancholia however mild it is and however much the relatives may believe the patient would never think of such a thing. It is this risk which makes the care of depressed patients in private homes so anxious. The facilities for suicide in a private house are enormous and it may be said that unless the patient is in such circumstances as to be able to afford day and night supervision by properly skilled persons, asylum care is the only real safeguard. It is astonishing with what lightness of heart people will undertake the care of mild cases of melancholia, allowing the patient to sleep alone or perhaps to go out alone or giving them every facility for running away. The daily papers constantly record suicides resulting from this. Even if the patient does not seem certifiable the case should not be undertaken without provision for constant supervision.

Again cases of melancholia with refusal of food or with much agitation or constant suicidal attempts should not be treated in private homes and it has to be remembered that perhaps the most

dangerously suicidal cases are those with hypochondriacal delusions about their sexual organs or abdominal viscera.

It ought to be unnecessary to give a warning against sending early or mild cases of melancholia on sea voyages but judging by the frequency with which one is asked whether it would not be the right course and the fact that one sees patients in this condition who have been sent on voyages and have come back worse than on starting, the inference is that it is frequently advised.

It should never be forgotten that the facility for suicide is perhaps greater on a ship than anywhere else and that a voyage in one of the modern floating hotels is often the reverse of restful.

A word is also necessary against the routine treatment of these cases with bromides. As a rule sulphate of magnesia acts better, as it keeps the bowels open and so eliminates toxins and lowers the blood pressure which is always high in melancholia.

Acute maniacal cases cannot be treated for more than a very short time in single care and certainly not unless the means allow of a very ample staff. Apart from the disturbance caused by a maniacal patient in an ordinary house, there is the constant handling which cannot be avoided there and leads to struggles, the tendency to resort to mechanical restraint by sheets or towels which becomes unnecessary in an institution in which alone can be found the proper amount of space needed for such cases. Again there is resort in such cases in private houses to much unnecessary drugging for the sake of quietude and control. I frequently see maniacal patients who have been treated with hypodermic injections of morphia or hyoscine or large doses of chloral hydrate often with the effect of further exciting the patient or producing vivid hallucinations or leading to rapid feeble pulse and syncope. I well remember cases in which hyoscine had caused vivid hallucinations which disappeared in 48 hours after the substitution of sulphonal for hyoscine. If this latter drug fail to act beneficially early it should not be pressed, and I have not met with the success from its administration which some observers have. I do not think I have ordered chloral six times in the last 20 years. Some of the cases of the delirious type can, however, be treated in single care, but in my opinion they have a better chance of recovery in an institution where there is no difficulty in artificial feeding and where the staff can be supplemented to whatever extent is necessary for such processes as washing, feeding, changing bedding, &c.

Such conditions as general paralysis, chronic delusional insanity and the dangerous forms of epileptic insanity are as a rule quite unfitted for treatment in single care.

Senile cases, if of the quiet demented form, can be so cared for, but it must be remembered that many senile cases are of the melancholic or maniacal type and need asylum care.

The mistake is frequently made of giving an absolutely bad prognosis in any case of senile insanity, but many cases of melancholia occurring in old age recover. This applies chiefly to those with delusions of wickedness and perdition or delusions of ruin, and rarely to those marked by hypochondriacal delusions. The prognosis depends largely on the presence or absence of such evidences of mental deterioration as loss of memory and loss of habits of cleanliness. I remember an old lady recovering in Bethlem Hospital from a third attack of melancholia at 83 years of age, and many similar patients recovering over 70 years of age, so that the prognosis in such cases is not an absolutely bad one.

Patients of the educated classes whose means are small and who are not definitely certifiable and yet need skilled observation and supervision are better cared for by placing themselves under treatment as Voluntary Boarders in one of the Mental Hospitals than by going to any borderland homes which profess to take patients at a very cheap rate. It must always be remembered that mental disorder is an expensive condition to treat on account of the abundant feeding, extra supervision and provision for occupation and amusement, and that cheap homes are often very deficient in proper arrangements. In the case of a patient who has had a previous attack there is generally not much difficulty in persuading the patient to voluntarily place himself under care before acute symptoms develop. In this way the attack is sometimes cut short, and if unfortunately it still develops, as it will in many cases, the patient is already in safe care, and the necessary certificates can be obtained without the difficulties which often arise if the patient remains at home. Even in the cases of patients who have not previously been under care, the patient is often desirous of placing himself in such a hospital for treatment or makes little difficulty about it if it is properly explained to him. Again, in this matter as in all questions concerning mental disease "honesty is the best policy," and it is no use pretending that he is to go to a "sanatorium," but he should be told frankly that his disorder is a mental one, which indeed he has generally recognised already, and he will have the best chance of recovering in a hospital for mental cases.

There is at present one large class of patients who can neither afford private homes nor the moderate payments at the registered hospitals for the insane or else are not admissible by their rules, and in which "borderland" cases of mental disorder are common. I mean the artisan and poorer classes. At the out-patient department for mental cases at Charing Cross Hospital, for several years and now

at St. Thomas's, I constantly meet with patients in the early stages of melancholia and other forms of mental disorder, many of them requiring the rest, feeding and removal from home worries and supervision which patients of the classes socially higher can obtain in mental hospitals or private homes. There is at present no provision for the admission of voluntary boarders to county asylums, and yet there are many poor patients who would be suitably treated in that way.

Fortunately, one sees a good many improve even when treated as out-patients, but very often one would like to be able to admit the patient for a month or six weeks to a properly equipped ward for borderland cases.

With regard to the question of the provision of wards in general hospitals for mental cases, it should always be remembered that formerly there were wards for mental cases at Guy's Hospital in its earlier days, but admission to them was not confined merely to borderland or early cases or for the purpose of thorough examination in any special case; many of the cases were chronically insane, and the wards were closed after the passing of the first Lunacy Act in 1845. The question has been re-opened in recent years partly because of the overcrowding of our county asylums, and partly because it is recognized that there are many cases which, when first seen are merely "borderland" cases, and cannot be called insane or lunatics, and to whom it is desirable on all grounds to give an opportunity of recovery before they become so thoroughly broken down as to require asylum care. At present the General Hospitals reject them, and in fact they have not the proper accommodation, nor the proper nursing staff for them, and it is only in the last few years that, thanks to my predecessor Dr. Rayner, the Governors of St. Thomas's decided to give such patients at least the opportunity for examination and the possibility of out-patient treatment, although they could not provide special wards for treatment if the cases were such as needed admission. Following Dr. Rayner's example, I was able to convince the governing body of Charing Cross Hospital of the desirability of starting an out-patient department there, and I have no hesitation in saying that such departments in connection with general hospitals are of the greatest possible use, not only to the patients and their friends who have the opportunity thus of obtaining a special opinion which they otherwise could not afford to obtain, and who, if the patient is not fit for out-patient treatment, can at once be put in the way of other care, but also to the students, who have the opportunity of seeing, no doubt, many very ordinary cases, but often very interesting ones, and most important of all, of recognizing such cases in the early stages.

As the General Hospitals refuse to mental cases the hospitality of their wards, it may be asked where do they have to go? At present they either have to go to the workhouse infirmary, to which as a rule they have the strongest objection, and to gain an entrance to which the services of the relieving officer have to be obtained, or else they have to drift on, often gradually getting worse, until they are bad enough to be sent to the County Asylum.

As detention in the workhouse infirmary can only last for about 17 days, sometimes it happens that the patient rapidly improves but has not fully recovered, is sent out and promptly relapses and has to be re-admitted, whereas six weeks or so at first might have effected a recovery.

Nevertheless there are many patients even under such unfavourable conditions who recover and would do the same with less discomfort to themselves and without the feeling of having been under the Poor Law, if there were special wards for their treatment in connection with general hospitals.

A great experiment is being made in this direction in the City of Glasgow by Dr. Carswell, where it has been found that a large proportion of the early cases presenting mental symptoms do not require asylum care, but can be treated successfully in a mental hospital. The Lunacy Law being far simpler and less exacting in Scotland than in England, the cases are not placed under any form of certificate but the limit of residence is fixed at six weeks, at the end of which time the patient is either sent back to his friends or discharged recovered, or else dealt with under the Lunacy Act.

The cases admitted are just the type of cases requiring medical and bed treatment and not those requiring or fit for such work as agriculture which are of course properly sent to the Asylum.

The important fact which I wish you to note is that this Glasgow mental hospital is really part of a general hospital for ordinary cases and is a separate pavilion.

During the year ending May 15th, 1905, 502 cases were admitted into this hospital and of these 308 or 61·4 per cent. were discharged recovered or relieved, 134 were sent to asylums and 30 died.

The hospital has 50 beds, 25 male and 25 female, about the capacity of two of our wards at St. Thomas's, with an adequate staff of mentally trained male and female nurses.

In every General Hospital there occur from time to time cases of mental disorder intercurrent in the course of other diseases, and in many of these cases the disorder is transient or temporary, and could still be treated in the hospital if, for the time being, the patient could be transferred to a properly constructed ward where many of the facilities for suicide, which bristle in an ordinary hospital ward, would be absent, and in which the permanent nursing staff (sisters

and staff nurses, and male attendants) should have at least 3 years training in asylum work, in addition to ordinary and medical and surgical training.

It seems rather a reproach that many such cases should have to be sent out to the care of the workhouse infirmary whereby they may at once lose the benefit of the special surgical and medical treatment they may have been undergoing, and should not have at least the opportunity of a few weeks care in a mental ward in the same hospital.

At present, however, the risks of treating mental patients in general wards are too great, partly from the construction of the wards themselves and partly because the nursing staff is totally unfamiliar with the course of mental diseases, and, therefore, likely to be unduly alarmed on the one hand where there is no real anxiety, or over confident on the other where there is need for special vigilance. I am well aware that with the demand for beds for surgical, medical and special departments there is little likelihood that beds will be spared in General Hospitals for mental cases, but I have thought it well to mention the movement which is going on elsewhere in this country.

The London County Council has proposed the erection of reception houses or hospitals for such cases and for other cases of a temporary nature which now go for a short time to county asylums, but if such institutions are founded they should be staffed by those already familiar with the treatment of mental diseases. Patients of the educated classes whose insanity is acute and curable are already provided for in such charitable institutions as Bethlem Hospital and other Hospitals for the Insane, but there is an opportunity for some benevolent individual to found a similar charitable institution for the acute and curable insane of the poorer classes the individuals of which would then often avoid becoming "pauper" or "rate-paid" patients in county asylums and thus ease the ever increasing burden on the rate payer.

I have endeavoured to bring shortly before you some of the points which are constantly brought to one's notice in dealing with mental disorders in private and hospital practice and have to thank the members for so patiently listening to these few remarks.

How to Keep Cigars.

(WITH PROFOUND OBEISANCES TO "THE WORLD AND HIS WIFE.")

CARE should be taken, in the first instance, to buy cigars in proper condition and of the right shape, for no amount of subsequent treatment will improve those that were faulty in the beginning—whichever end you smoke first.

Some men have a special chamber fitted up in their house for storing cigars. A room, which never undergoes any extremes of temperature and preferably containing a reliable safe, will do very well. But avoid an apartment where food is kept. Tobacco leaves, like other vegetable matter (with the possible exceptions of vegetable ivory and sauerkraut) have the provoking habit of assimilating any odours with which they are brought into contact. Such things as fried fish, pickled onions, toasted cheese, burnt feathers or iodoform should be kept in a separate part of the house and never allowed to touch one's cigars. A case occurred in the writer's own home where a shilling packet of After Dinner Whiffs lay for a week or two in a box containing a dead canary. Every one of those cigars tasted, smelt and looked like dead canary, with the exception of one, which seemed to favour rabbit. The more delicate aroma of the tobacco was almost lost, and one thus sees how erroneous it is to purchase a supply of smokes in the autumn and salt them down for winter use.

Although the paper envelope in which the cigars have been bought answers very well as a receptacle, a cigar-box, which can be had in any size, and over which one can be had at any price, is better. These are constructed to shut tightly and are made of cedar wood—a very fragrant material. The exterior being covered by tastefully designed pictures of tropical scenery, and often giving one a glimpse of savage life, the box forms a pleasing adjunct to the ornamentation of any room.

Great care should be observed in handling or handing round. A practice indulged in by many a smoker is that of holding a cigar to the ear and "cracking" it to see how it is getting on. The moment this has been done the cigar is spoiled. The outer covering of leaf has been cracked by the supposed test and the aroma escapes at once like gas from a faulty pipe. For this reason cigars should never be allowed to roll about loose in a drawer, lie on the floor or play with the children.

The position of the cigar-box in the room is worth a little thought. If inclined to be too hot, remember that warm air rises to the upper part of a room, and the cigars placed there will become too dry, besides necessitating the use of a ladder when

showing them to friends, whilst a position on the floor exposes them to chilling draughts and careless feet. Again, a situation too near the door is apt to attract the attention of departing visitors who have already outstayed their welcome.

Watch your cigars carefully if you are keeping them for any length of time—it may even be necessary in some neighbourhoods to sit up all night with them, unless they are well known. If any change occurs in the colour or appearance they are becoming damp and should be passed lightly through the mangle, carefully dried in the oven and kept in a stoppered bottle. Too dry an atmosphere, on the other hand, will crack the precious outer, and often only smokeable, leaf of the cigar. The ends should then be snipped off and a little dilute glycerine syringed through. An old newspaper will protect your clothes.

Finally, should you have selected the right kind of cigar—a good tough hardy annual—you will have no anxiety about keeping them. They will always be left on your hands—or at the gate.

The Club Smoking Concert.

Friday, May 25th.

BUSINESS-LIKE and important were the preparations which had been taking place in the club dining room for days past. Extensive scaffolding, rivalling County Council improvements, had gradually evolved itself into a stage under the leisurely but noisy hammering of stalwart carpenters. Protracted sawing of wood was heard and even the most gifted genius could hardly have failed to observe that something out of the way must be going to happen. The neoplasm of a day or two assumed enormous proportions with an almost malignant rapidity and structures of normal function, such as tables and chairs quickly suffered from pressure symptoms. The congestion, though general, was perhaps most typically observed among the waiting staff, who, handicapped by the general reduction of space, skipped, hopped, gyrated, rushed or strolled, according to their habits and abilities, and triumphing over all obstacles, soothed our frenzied brains with assurances that all was “qui” right, sir,” and fed our insatiable appetites with buns.

“Are you going to the Smoker?” reechoed from wall to wall, and “Yes, if I can afford it,” was the invariable reply.

Family jewels were sacrificed and plate chests ransacked, and many realised, perhaps for the first time, the advantage of having a really reliable clock like Big Ben at hand, to give one the time every quarter of an hour. However that may be, we all managed to raise our half-crowns in the good cause, and it was a goodly show indeed that thronged the festive board several minutes before the time appointed for the opening of the fun. The weather was all that could be desired, fine, but not too sultry, and a cooling breeze played through the windows and refreshed our heated brows, fevered with enthusiasm over the excellence of the programme. Everybody turned up punctually and waited with merriment and expectation for the show to begin. Loud applause greeted the various members of the Staff who were kind enough to turn up, and so hearty were the salutations to the President, Dr. Fairbairn, as to justify his genial prognosis, "We are going to have a jovial evening."

An informal and unannounced turn was a trial of strength between three or four men, stalwart and true, and the piano, which, apparently much against its will, had to be hoisted to a prominent position on the stage. The result was the complete defeat of the piano, the stalwart and true ones being victorious after a prolonged and arduous contest.

The programme then began in earnest, Messrs. Maclean and Vesselovsky combining in a spirited and dashing performance on the aforesaid instrument, which proved of a forgiving disposition and resounded tympanitically to the percussion of their flying fingers. Mr. Gibbs was in fine voice and his two songs were received with much enthusiasm, and Messrs. Cooke, Cheadle and Price, old favourites of Pierrot fame, amused the company with their anxiety for the safety of their domestic tabby. Mr. Whitnall, whose style and humour are now so well known to all, was as usual inimitable and received numerous calls, of the cat and other varieties, and gave a recitation about a recitation in his own unrivalled manner, and with true artistic feeling sacrificed his coiffure to art, and the representation of a Red Indian. Dr. Tate gave general pleasure by his kindness in singing, and his "little refrain" proved very popular. Two visitors who most good-naturedly came and amused, or rather, convulsed us, were Mr. Lionel Brough and Mr. Tennant. The latter gave a convincing picture of a Parliamentary candidate's speech to his constituents, and talked the most delightfully witty and high-sounding nonsense with a delicious air of the most profound wisdom. Mr. Lionel Brough is well known from his kindness in amusing the patients at Christmas, and his stories were received in a way which must have pleased even him, who must be accustomed to applause,

The first half of the programme ended with a dance which for grace and voluptuous charm might have caused tears of envy to flow from the eyes of a première danseuse. Mr. Tod's costume was the cynosure of every eye, and his management of the waving folds of his drapery was watched with anxiety and expectation by every man in the room. Many might have learnt by personal observation more than years of book study would ever teach them.

After an interval for refreshment and fresh air Mr. Cooke led off with some fine choruses, which were taken up with great zest and heartiness, and then came the event of the evening, the great match discussed and re-discussed for weeks. Excitement, but half suppressed, stirred the heart of every eager watcher. Eyes were fixed upon the stage (or ceiling) with vacant and glassy stare, indicative of the torment of suspense within. Conversation was almost stilled, only an occasional shout escaped from the throats of the more volatile and impulsive; a soda-water bottle might have been heard to drop, if it had exploded. Only when the curtain rose and displayed the set countenance of the Resident Surgeon, who had consented at risk of his life at the hands of a sporting but frenzied mob to undertake the duties of umpire, did our pent up feelings relieve themselves in one burst of exultation and a deep fill of lime juice and soda.

In a voice thrilling with emotion, every word throbbing with pregnant meaning, low toned but distinctly enunciated, so that the deafest might hear and the blindest see, he gave out the conditions of the combat between those world-famed champions of the art of wrestling, Hackenscratch and the Turgid Tyke.

He had much pleasure, he said, in announcing the great wrestling match between Prof. Hackenscratch and the Turgid Tyke. Both were wrestlers of repute and had an *almost international* reputation. Hackenscratch was willing to wrestle anybody of any sex, at any time and at any distance, whilst the Tyke had frequently brought a proud lamp post to the ground by a well timed half Nelson.

The match was for a 1,000 guineas (with a side bit of one groat put up by the Principals). The winners to receive the Championship of the Club, the Treasurer's coat and badge and a firkin of ale. The style to be Graeco-romo—turco-anglo—catch-the-hair-if-you-can style. Biting below the neck—here his voice grew deep and stern—gouging of the eyes and catching the breath were strictly prohibited. The match was to be decided by the worst of three rounds, and the referee's decision to be final, and his retreat from the ground secured by armed men.

With this, while our ears were still ringing with applause and we were gathering our scattered senses and glasses, he introduced

the respective trainers, Messrs. Bingham and Maclean. With awe we gazed upon these famous and brave men. They had actually touched the heroes; perhaps, who knows? they might have held their bath towels while the august ones bathed or have heated the actual water destined to soften their inestimable beards, they would almost certainly have easy access to the cigarette pictures and tram tickets rendered priceless by having once been handled by the redoubtable champions. The contrast between them was striking; the one tall, thin, immaculately apparelled, almost ascetic in severity of countenance, the other equally tall but neither thin nor ascetic, but rather with a world embracing smile, and a flush of health or excitement, natural under stress of such an occasion, and a certain negligé effect of costume, attributable to loosened collar and waistcoat and dislocated tie, which was significant of a mind exalted above petty details of costume.

Our minds had scarcely finished taking in these interesting details when a sudden hush fell on the crowded audience, as wild nature is stilled when some devastating upheaval or war of the elements is imminent. Hackenscratch is on the stage, his gleaming eye flashes over the crowd below; he stands there in all his pride and arrogance as though scorning the puny humanity gathered to gaze on his prowess. He flings aside his cloak with a single gesture, and a gasp of astonishment and delight goes up as the wonder of his development bursts on the view. (He thought it had burst, but it was all right.) So massive is his chest, so enormous the bulk of his arms, it is hard to believe in their reality. He goes through a few muscle stretching exercises, breaks great logs of wood across one arm or leg, and hurls them contemptuously to the floor like burnt out matches; he would have bent a crowbar had there been one handy.

Again the audience is hushed and thrilled as The Turgid Tyke with quick nervous energy leaps on the stage. He eyes his foe with a gesture of contempt, walks round him, and with characteristic disregard for outward forms of etiquette, pinches his calf. The umpire tactfully intervenes, and in a few rapid well chosen words explains to the combatants the conditions of the contest. Then the Titan struggle begins. What pen could hope to describe it. A Homer might do justice to their Herculean efforts. The pages of the *Sporting Times* might publish their cries of rage or triumphant joy and the comments of spectators. Who shall forget their forceful upheavals, the cunning wiles, the brickbats with which, in excusable desire for victory, they attempted to bash each other, the discretion with which the umpire prevented the same, the bites in the legs, the smashing of toes with mallets, thoughtfully provided by his trainer to Hackenscratch when the umpire was temporarily inattentive, the loss of the Turgid Tyke's teeth, nonchalantly ejected into the pail,

and instantly rescued by ardent relic hunters, and above all the true courtesy and chivalry with which Hackenscratch mopped the Tyke's heated brow in the course of a prolonged and arduous bout, and who dares to countenance the cowardly and unsportsmanlike suggestion that the victory so cunningly, carefully, and strenuously won, undoubtedly went to the better man.

When the crowd of cinematographs and interviewers had been dispersed by two policemen specially enrolled for the occasion and with difficulty dragged from their retreat in the south-east corner of the room, the programme drew to an end. The Chairman in a few brief words congratulated us on a most enjoyable evening and thanked our visitors for their kindness in coming to give us so much pleasure, and with the National Anthem and Auld Lang Syne, we dispersed full of merriment, good cheer and conviviality, nor thought at all of the morrow.

Golf Tournament.

DRAW FOR THE TREASURER'S CHALLENGE CUP.

First Round.

Wallace, C.	(16)	beat	Sargent, P. W. G.	(22)	4 and 3
Fisher, J. H.	(18)	"	Carleton, H. H.	(18)	6 " 5
Howarth, W. G.	(Scr.)	"	Sankey, W. O.	(18)	6 " 4
Treves, H. T.	(18)	"	Gray, H. T.	(24)	5 " 4
Loughborough, A. L.	(20)	"	Robinson, H. B.	(18)	2 " 1
Jewesbury, R. C.	(24)	"	Bingham, R. G.	(14)	2 " 1
Gemmell, A. C.	(22)	"	Le Seuer, H. R.	(16)	2 " 1
Gibbs, S. R.	(24)	and	Treves, F. B.	(9)	W. O.
Roberts G. Q.	(5)	beat	Holl, F. H.	(22)	7 and 6
Wallace, J.	(4)	"	Smith, Percy	(8)	2 " 1
Falk, H.	(20)	"	Dudgeon, L. S.	(22)	6 " 5
Macdonald, S. C.	(12)	"	Graham-Jones, J. L.	(22)	4 " 2

<i>Byes</i> —Bristow, W. R.	(7)	and	Hewett, F. S.	(14)
Harmens, W.	(8)	"	Shipton, W.	(5)
Dawes, H. E. T.	(18)	"	Fairbairn, J. S.	(22)
Footner, G.	(20)	"	Clark, J.	(20)
Bell, H. R.	(14)			

Sharkey, S. J.	(8)	beat	Page, C. M.	(12)	5 and 8
Huggins, G. M.	(12)	"	Dobell, D. C.	(8)	8 " 2
Nitch, C. A. R.	(24)	"	Cooke, A. I.	(24)	7 " 5
Girdlestone, G. R.	(+2)	"	Savage, A. H.	(8)	4 " 8
Tindall-Atkinson, W.	(4)	and	Sankey, C. F. O.	(15)	W. O.
Barwick, R. L.	(10)	beat	Gamlen, R. L.	(24)	5 and 4
Corbett, C. D. H.	(Scr.)	and	Whitting, R. E.	(24)	W. O.
French, A. G. V.	(12)	"	Low, H.	(12)	"
Currey, P.	(18)	beat	Lawford, J. B.	(14)	4 and 8
Matheson, W.	(18)	"	Greg, A. H.	(12)	4 " 8
Hawkins, H. P.	(18)	"	Howitt, A. B.	(24)	5 " 4

Second Round.

Wallace, C.	(16)	beat	Fisher, J. H.	18)	Tied at 18th
Howarth, W. G.	(Scr.)	"	Treves, H. T.	(18)	5 and 4
Jewesbury, R. C.	(24)	"	Loughborough, A. L.	(20)	6 " 5
Gemmell, A. C.	(22)	"	Gibbs, S. R.	(24)	7 " 5
Wallace, J.	(4)	"	Roberts, G. Q.	(5)	8 " 2
Falk, H.	(20)	"	Macdonald, S. G.	(12)	6 " 4
Bristowe, W. R.	(7)	"	Hewett, F. S.	(14)	"
Harmens, W.	(8)	"	Shipton, W.	(5)	8 " 1
Fairbairn, J. S.	(22)	"	Dawes, H. E. T.	(18)	2 " 1
Footner, G.	(20)	"	Clarke, J.	(20)	8 " 2
Sharkey, S. J.	(8)	"	Bell, H. R.	(14)	1 " 0
Girdlestone, G. R.	(+ 2)	"	Tindall-Atkinson, W.	(4)	6 " 5
Barwick, R. L.	(10)	"	Corbett, C. D. H.	(Scr.)	20th Hole
Currey, P.	(18)	"	French, A. G. V.	(12)	8 and 6
Hawkins, H. P.	(8)	"	Matheson, W.	(18)	7 " 6

Third Round.

Wallace, J.	(4)	beat	Falk, H.	(20)	5 and 4
Harmens, W.	(8)	"	Bristowe, W. R.	(7)	2 " 0
Footner, G.	(20)	"	Fairbairn, J.	(22)	2 " 1
Girdlestone, G. R.	(+ 2)	"	Barwick, R. L.	(10)	8 " 1

Fourth Round.

Wallace, J.	(4)	beat	Harmens, W.	(8)	8 and 2
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An Operation in an Italian Hospital.

IT was half-past eight on a cold winter's morning that I paid my first visit to the Maternità. Passing through the door I heard the Professor's voice echoing in the corridor as in the Anæsthetizing room he discussed the case upon which he was about to operate. Following two Italians, obviously bent on work, I found in a side room a row of soiled linen overalls hanging from pegs, and selecting one of the least dirty (this possibly owing to its innocence of the usual tapes) I went in search of the Professor. In a room with doors widely open upon the corridor the Anæsthetist was putting the patient under chloroform upon the trolley, the Professor was washing his hands in cold running water, talking the while to some half-dozen students, bearded boys, in dirty linen garments like my own, the two assistants were soaking their arms to the elbows in large basins of pink perchloride, and three young women, with untidy hair, no caps and linen overalls over their stiff dresses, were standing round the patient.

The patient under, the packing removed, the Professor examined, observed that a few minutes would make a certain diagnosis. The Anæsthetist lifted the patient in his arms and staggered with her to the adjoining room whither we followed. It was a large room, with marble floor and tiled walls, one side almost completely taken by the window, some couple of yards in front of which was a metal rail to keep back the spectators. Its only furniture was the operating table, several basins of antiseptic solutions, a tray each for instruments and sutures, and against the wall two shelves, one with various bottles for the Anæsthetist's use, on the other two saucepans, each containing the outer dressing for a cœliotomy case, some coarse wool sterilized in the pan upon the fire, blackened and partly charred in the process.

The chief assistant, growing bald and grey, scrubbed the abdomen with such vigour that its capillaries gave way; gauze wrung out of sublimate lotion was spread from neck to knees, except over the abdomen, which was covered with a piece of black lint with a slit cut through it for the operation incision. The Professor gave the word "turn"; one of the young women disappeared under the table, which gradually revolved until the patient, whose legs from the knee projected beyond the table's edge, now stood upon her head, or rather upon her shoulders, supported by two padded vests, round which the arms were brought, and the hands secured below the head.

For surgeon and spectators the position was admirable. The advantages to a surgeon operating on the pelvic organs are obvious.

To me, watching, the first stages of the operation recalled those wonderful books of pictorial anatomy where one turns down leaf after leaf each representing some fresh stratum of the human body. As to the patient, the student standing next me assured me that she felt no ill effects.

The surgeon on the left of the patient, and the chief assistant opposite to him, stood on rubber mats to keep them off the cold wet floor. A second assistant skirmished round trying to be of use, reaching over the upper end of the table. Another assistant was in charge of the instruments, while the needles, sutures and ligatures were entrusted separately to the cleanest looking of the female assistants. No one wore gloves, and neither surgeon nor chief assistant seemed to have any fear of putting their hands into the abdomen. The uterus and its annexa were removed with great quickness, the abdomen sutured in layers, the table returned to the horizontal, the dressings applied, and the patient carried off to the trolley in the arms of the porter, when we returned to the anæsthetizing room, where the Professor demonstrated to us the parts removed.

After a second operation I took my leave of the Professor with mutual courtesies, stumbled each in the other's tongue.

E. A. G.

Books for Review.

RATIONAL ORGANTHERAPY. By Professor Dr. A. von Poehl and others. Messrs. J. & A. Churchill. Price 7s. 6d. net.

Rational organotherapy is according to these authors summed up in two words, "Sperminum-Poehl." We are asked to believe that this preparation is the sole panacea for all those ills to which flesh is heir. There is nothing in the whole range of a medical text-book which may not be treated with great benefit by Sperminum-Poehl (tuberculosis, rheumatism, syphilis, optic atrophy, Asiatic cholera are only a few instances).

The absurd extravagance of such a claim as this at once strikes us as a very weak point.

For the wholesale manufacture of spermin Prof. Poehl used the testicles of bulls or stallions in a fine emulsion. The albuminous bodies, which interfere with the crystallisation of spermin, are removed by special processes.

Many pages of the volume are devoted to clinical details of cases in which Sperminum-Poehl has been claimed as beneficial. Several cases of tuberculosis were, while under treatment, receiving in addition good food, cod liver oil, guaiacol, &c., yet the improvement was entirely due to Sperminum-Poehl!

No importance is attached to the brilliant success which may be claimed for organotherapy in regard to thyroid extract. The authors indulge in a cheap sneer at the expense of serum therapy, but fail to convince us of the superiority of their methods.

The book is written obscurely and loaded with technicalities, and is unpleasantly suggestive of a personal advertisement.

A MANUAL OF MEDICINE. By Thomas Kirk-Patrick Munro, M.A., M.D.
Second Edition. Baillière, Tindall & Cox. Price 15s. net.

It is evident that no pains have been spared to bring this, the Second Edition, completely up to date. The results of recent investigations on tropical diseases have been carefully incorporated into the present edition and the article on Syphilis contains a useful account of the Morphology of the *Spirochaeta Pallida*.

Within nine hundred and eighty-nine small pages are compressed the essential facts of Medicine and Tropical Medicine, and it must be remembered that eighty pages are devoted to diseases of the Skin and that considerable space is devoted to considerations of Anatomy, Pathology and the methods of diagnosis.

An enormous amount of information has been compressed into an extremely small space, and while the book is attractively short it has not escaped the faults which are inevitable in such a compilation. The inclusion of articles on the rarer diseases and on tropical diseases in so small a book produces an impression of relative insufficiency in the necessarily somewhat brief accounts of the more common and more important diseases.

In the second place, the very concentrated form in which the information is supplied makes the subject matter dull to read and, in consequence, difficult to remember.

To many, however, the virtue of brevity will seem to counterbalance the defects which we have mentioned, and to all who have failed to find the time for some more amply proportioned treatise, this clearly written little book can be very heartily recommended.

Club Notices.

CRICKET CLUB.

The trial game took place on May 2nd, and although the weather was not altogether cricket weather, a fair number turned out and enabled us to have a game.

As far as can be judged so early in the season, there appears to be more material to be chosen from than last year and more keenness shown.

The batting was decidedly stronger than the bowling, of which we are in great need.

It is absolutely essential that we show much more keenness than in the last year or two if we wish to get anywhere nearer the Cup.

U. H. C. C.

A meeting of the above Club was held at Dr. Calvert's house at 113, Harley Street, to discuss Guy's proposal that "The number of playing years in the Hospital Cup Ties be extended from five to seven."

As no decision could be arrived at, it was decided to leave the proposal for this year and bring it before the General Meeting again next year:

ST. THOMAS' v. ST. BARTHOLOMEW'S.

There is little to be said about the above match as the score speaks for itself. There was no excuse for our total failure in the batting line especially as the wicket was in our favour.

We seem fated against Bart.'s, as our innings was practically a repetition of last year's match.

Our fielding was also bad, several chances being missed, and the ground fielding in many cases not clean. The only thing to be done now is to hope for better luck next year, and to try and bring the Cricket up to a better standard, if a little more keenness is shown. There are several men in the team who are really sound bats, and they fortunately will be available for next year, also Paddon who ought to be most useful in the bowling line.

Laird and Shipton are quite sound bats, and with a little more practice ought to make runs; they are also both excellent fielders. If men would only go down to the nets more regularly there is no reason why we should not do a great deal better next year.

There is something to be said in our favour: out of the four matches that we ought to have played before the cup tie one was scratched, and another owing to rain did not take place, so we were badly in need of practice.

INTER-HOSPITAL CRICKET (1st round).

ST. THOMAS'S v. ST. BARTHOLOMEW'S HOSPITAL.

St. Bartholomew's (1st Innings).

W. B. Griffin, b. Footner ...	...	...	...	...	34
J. Bean, c. Starkey-Smith, b. Hoare ...	...	...	...	...	81
C. Noon, c. Faddon, b. Hoare ...	...	...	...	...	3
J. F. Gaskell, run out ...	...	...	...	...	22
A. J. Cunningham, c. Neild, b. Starkey-Smith...	...	...	...	...	1
G. Viner, b. Seymour ...	...	...	...	...	20
J. Postlethwaite, c. Footner, b. Starkey-Smith	...	...	...	...	1
E. De Verteial, b. Paddon ...	...	...	...	...	16
A. Fergusson, b. Paddon ...	...	...	...	...	6
A. J. Symes, b. Paddon ...	...	...	...	...	12
M. Lindsey, not out ...	...	...	...	...	0
Extras ...	...	...	...	...	11
Total ...					157

St. Thomas's Hospital (1st Innings).

G. R. Footner, c. Postlethwaite, b. Griffin ...	...	...	...	...	2
F. M. Neild, c. Bean, b. Griffin ...	...	...	...	...	14
W. B. Laird, c. Gaskell, b. Griffin ...	...	...	...	...	12
E. A. Seymour, not out ...	...	...	...	...	17
F. H. Holl, b. Griffin ...	...	...	...	...	0
W. Weir, c. De Verteial, b. Griffin ...	...	...	...	...	0
W. Shipton, b. Griffin ...	...	...	...	...	2
T. G. Starkey-Smith, b. Bean ...	...	...	...	...	1
M. W. Morrison, run out ...	...	...	...	...	7
N. S. Hoare, b. Griffin ...	...	...	...	...	6
H. L. Paddon, c. De Verteial, b. Griffin ...	...	...	...	...	4
Extras ...	...	...	...	...	1
Total ...					66

Played on Monday, May 28th, at Honor Oak Park.

ATHLETIC CLUB.

The Annual General Meeting of the above club was held on May 24th, Dr. Tate being in the chair.

E. L. Atkinson read the minutes of the last meeting, which were agreed upon, and signed by Dr. Tate.

Mr. Wyatt proposed, and Mr. Huggins seconded, that Mr. Unwin be elected Co-secretary for the ensuing year. Mr. Unwin declined, and Mr. Deane was unanimously elected to the post. Mr. Devas and Mr. Page retired from the committee, their places being taken by R. B. Abrahams for the 3rd year, and G. C. Birt for the 1st and 2nd year men.

The date of the Sports was fixed for Tuesday, June 19th.

The meeting closed by E. L. Atkinson proposing a hearty vote of thanks to Dr. Tate for taking the chair.

LAWN TENNIS CLUB.

So far this season the club have done very badly, and it is to be hoped that a great improvement will be made before the Cup matches come on.

So far the results are—

Wednesday, May 9th—

v. Chiswick Park—Lost 2—4.

Saturday, May 12th—

v. Telford Park—Lost 3—6.

Wednesday, May 14th—

v. Wimbledon—Lost 0—6

Saturday, May 19th—

v. East Sheen—Lost 1—8

Wednesday, May 30th—

v. Dulwich Park—Won 6—1.

ROWING CLUB.

The General Meeting was held in the Anatomical Theatre on May the 11th. There was a very poor attendance. Mr. Parsons was in the Chair. Mr. Graham Jones, the retiring Secretary, read the minutes of the last meeting, which were agreed to and signed.

Mr. John Startin proposed and Mr. E. L. Fyffe seconded that Mr. Clutton be re-elected President. Agreed *nem. con.*

Mr. Graham Jones proposed and Mr. Startin seconded that Mr. Wainwright be Secretary and Treasurer. Carried unanimously. The following were elected to serve on the Committee: Messrs. Ferguson, Graham Jones, Startin, Jenkins.

Mr. Graham Jones: It is hoped that a crew will be got together for next year. At the U.H.R.C. meeting it was suggested that all the Hospitals row from one place and that would save much expense in hire of boats, &c., besides creating a better feeling among the various hospitals.

It was agreed to pay a subscription to the U.H.R. Club if a crew from the Hospital could be got together. A hearty vote of thanks to Mr. Parsons for taking the Chair terminated the meeting.

SWIMMING CLUB.

With Wallace, Sanderson and Bristowe out of their year, a special effort must be made if we are to retain our position as holders of the Swimming Cup this year. Polo practices started early this term at the Lambeth baths, and it is hoped that men will do their best to turn out to these practices, for with a reasonable amount of practice there is no doubt that we stand a very good chance of again winning the cup.

Dr. Perkins kindly refereed at the Freshers' race which took place on Thursday, May 24th. A very even race resulted, Brandon winning, with Parkinson a close second. The race was a great success, and we hope that

it will now become an annual event. The draws for the Swimming and Polo Cup Ties are as follows:—

WATER-POLO.

Charing Cross ...	}	.....	}	.....
Bart.'s				
Guy's ... ..	}	.....	}	.....
Thomas's				
Westminster ...	}	Bye		
London				

SWIMMING.

Westminster ...	}	.....	}	.....
Bart.'s				
George's ... ..	}	.....	}	.....
Thomas's				
London	}	Bye		
Charing Cross ...				

Correspondence.

UNIVERSITY OF LONDON ATHLETIC UNION.

ST. MARY'S HOSPITAL,
PADDINGTON, W.

June 3rd, 1906.

DEAR SIR,

With your kind permission I should like to say a few words about the University Sports to be held on June 27th. As will be seen on reading the Posters already forwarded, *all Hospital men*, whether University or Conjoint, are eligible for these Sports. But I wish it to be clearly understood that they are not designed to in any way interfere with or take the place of the United Hospital

Sports. It is the object of the University by these Sports, to make all Students connected with the University feel that they have a bond in common, and this object will soon be further realised by the starting of University Football and Cricket Clubs. Now as Hospital men are predominant both in numbers and Athletic prowess it is obvious that without cordial support from the Hospitals this idea of representative University Athletics is bound to fall to the ground. So I sincerely hope that there will be a large entry for these Sports, and that in the future men will be willing to turn out for Football and Cricket.

One question may naturally be asked, and that is—Will the Polytechnics be included in this scheme? I may say unhesitatingly that they will not. No posters, circulars or information of any description concerning the Athletic Union have been sent by me to any of the Polytechnics. In this way, a number of men undesirable from a social point of view will be excluded. It may sound snobbish, but it is obviously necessary to keep the social “tone” of the Athletics at a proper height to render them as successful as they deserve to be, and nowhere is this more important than in Athletic Sports. So I hope that all Hospital men will do their best to turn up and bring their friends.

Tickets may be obtained from the Hon. Secs. of the various Hospital Athletic Clubs.

In conclusion I should like to say that being a Hospital man myself, the interests of the Hospitals in these Athletics will always be most jealously guarded by me, and I shall always be glad to answer inquiries from anyone to the best of my ability.

I remain,

Yours faithfully,

J. H. MEERS,

Editor of the *Gazette*.

Executive Sec. U. L. A. U.

Examination News.

UNIVERSITY OF CAMBRIDGE, April, 1906.

Third Examination.

Part II.—*Surgery, Medicine and Midwifery*.—R. M. Courtauld, M.A., S. G. Macdonald, B.A., C. Stanley-Clarke, B.A., G. L. Webb, B.A.

UNIVERSITY OF LONDON, May, 1906.

M.B., B.S. Examination.

C. M. Page (*Honours in Pathology, Surgery, Midwifery and Diseases of Women*) R. J. H. Cox., E. V. Dunkley, B. Higham, H. B. Whitehouse.

B.S. Examination.—C. M. Roberts.

M.B., B.S. Examination.

Group II.—R. F. Hebbert, W. O. Sankey.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, May, 1906.

Primary F.R.C.S.

J. Graham, B.Sc., M.B., C.L.B. Glas.

Final F.R.C.S.

D. K. Coutts, G. R. Footner, G. I. T. Stewart.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall. The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

St. Thomas's Hospital Gazette.

No. 6.

JULY, 1906.

VOL. XVI.

Hospital Notes.

It will probably be conceded by the most exacting that the summer session of 1906 has not lacked gaiety. Not only have those time-honoured events, the sports and the prize-giving, gone off with phenomenal success, but new attractions, such as a dance, a smoking concert and golf competitions innumerable, have made a pleasing variety to the daily round.

* * *

The prize-giving is very essentially the festival of the Medical School, and it must be reckoned a peculiarly happy circumstance when the prizes are distributed by a famous teacher of clinical medicine.

* * *

The sports are always an assured success, if only the weather keeps fine, and the weather this year was all that could be desired.

* * *

The very handsome sum of fifty-one pounds has accrued to the club funds as the result of the dance and is powerful evidence of the fact that business can be combined with pleasure. At least such a combination is quite possible when Mr. Howitt is secretary.

* * *

The Royal College of Surgeons have appointed the following examiners for the conjoint examination:—

Dr. W. W. H. Tate in Midwifery,

Dr. J. B. Leathes in Physiology.

The appearance of the following lines in the *Westminster Gazette* was, we are led to believe, a pure coincidence:—

There once was a person called Tate,

Who dined, *tête-à-tête*, at 8.8;

But I grieve to relate,

I'm unable to state,

What Tate ate, *tête-à-tête*, at 8.8.

Dr. Bell has been appointed Physician to the Out-patient Department at the British Lying-in Hospital.

* * *

A card was sent out by the resident medical officer of a large London hospital advising a patient that there was a vacant bed for him. The form of words used on the card is as follows:—

“Upon your arrival here present this card to the Hall Porter. If you are unable to come, please return this card at once, and explain the reason why.”

The card came back with the following written in pencil:—

“He died last March in your institution.”

The reason was judged to be adequate.

* * *

The Hospital dinner will take place on 2nd October at the Hotel Cecil.

* * *

Professor A. S. F. Grunbaum has been elected Dean of the Faculty of Medicine and Chairman of the Board of the Medical Faculty of the University of Leeds in place of Professor de Burgh Birch, who has resigned.

* * *

Dr. T. B. Crosby, who was last week elected one of the Sheriffs of the City of London, is in active practice as a physician. He entered the Common Council in 1877, and was elected Alderman in 1898.

* * *

Prof. T. Gregor Brodie, F.R.S., is announced to give a course of five lectures at the “Brown” Animal Sanitary Institution (University of London) during the present month.

The Prize Giving.

THERE are certain essential features common to all prize givings, which are so well known that it is unnecessary to do more than briefly refer to them. On the platform are the Treasurer and the staff. On their left is a bench populated with elegantly frockcoated prize winners. In the body of the hall is an audience made up of a judicious mixture of fathers, mothers, sisters, aunts, and other devoted and admiring relatives and friends. Of these it need only be said that they performed their respective tasks in their usual admirable manner. While these features may be regarded as typical and constant in all prize givings, it is our intention to consider in somewhat greater detail such incidents as may be regarded as exceptional in the present instance.

That the prize giving of 1906 would be of special interest seemed likely from the time when it became known that the prizes were to be distributed by the distinguished author of a famous text-book. The most liberal estimates, however, can hardly have equalled the reality, for never before has the Governors' Hall been so full.

Under such circumstances it was not to be expected that those, who stood without, at the extreme fringe of the crowd, could hear everything that was said. Nevertheless, it was understood from Professor Osler's extensive use of his handkerchief that the Treasurer's remarks were of a highly complimentary character.

The prizes were presented in the following order:—

PRIZES FOR THE SUMMER SESSION, 1905.

Second Year's Students.

W. B. JOHNSON.

COLLEGE PRIZE, £15, and Certificate of Honour.

PRIZES FOR THE WINTER SESSION, 1905-6.

University Scholarships.

G. R. GIRDLESTONE.

SCHOLARSHIP, £50, and Certificate of Honour.

Second Year's Students.

T. E. A. STOWELL.

THE WM. TITE SCHOLARSHIP, £25, and Certificate of Honour.

W. L. PINK.

COLLEGE PRIZE, £20, and Certificate of Honour.

R. C. MAYBURY.

COLLEGE PRIZE, £10, and Certificate of Honour.

Third Year's Students.

W. B. JOHNSON,
THE PEACOCK SCHOLARSHIP, £35, and Certificate of Honour.

E. F. BALLARD.
COLLEGE PRIZE, £20, and Certificate of Honour.

Fourth Year's Students.

R. W. RIX,
Second Tenure of MUSGROVE SCHOLARSHIP, and Certificate of Honour.

Fifth Year's Students.**MEDICINE.****SENIORS.**

N. R. CUNNINGHAM,
£10 and Certificate of Honour,

W. O. SANKEY
H. C. SQUIRES
J. A. WOOD
R. W. STOCKS

} Certificates
of Honour.

JUNIORS.

H. J. NIGHTINGALE,
£10 and Certificate of Honour.

A. C. F. TURNER
G. G. BUTLER
S. L. WALKER
H. G. BENNETT
B. T. PARSONS-
SMITH
W. H. R. SUTTON

} Certificates
of Honour.

SURGERY.**SENIORS.**

C. M. PAGE, £10 and Certificate
of Honour.

H. C. SQUIRES
R. L. GAMLEN
S. G. MACDONALD
G. L. WEBB
H. B. WHITEHOUSE

} Certificates
of Honour.

JUNIORS.

H. J. NIGHTINGALE,
£10 and Certificate of Honour.

F. M. NEILD
A. C. F. TURNER
H. H. CARLETON
S. F. DUDLEY

} Certificates
of Honour.

MIDWIFERY.**SENIORS.**

H. B. WHITEHOUSE,
£10 and Certificate of Honour.

G. L. WEBB
A. C. H. SUHR
A. C. D. FIRTH
R. L. GAMLEN
S. G. MACDONALD

} Certificates
of Honour.

JUNIORS.

A. C. F. TURNER,
£10 and Certificate of Honour.

H. G. BENNETT
F. O. ARNOLD

} Certificates
of Honour.

PATHOLOGY.**SENIORS.**

H. A. PHILPOT, £10 (HADDEN PRIZE) and Certificate of Honour.
R. F. HEBBERT
C. M. PAGE
H. C. SQUIRES
E. V. DUNKLEY } Certificates of Honour.

JUNIORS.

A. C. F. TURNER, £10 (HADDEN PRIZE) and Certificate of Honour.
H. J. NIGHTINGALE
H. G. BENNETT
C. E. WHITEHEAD } Certificates of Honour.

PHARMACOLOGY.**SENIORS.**

I. C. MACLEAN
W. O. SANKEY } Divide Prize of £10. Certificates of Honour.
H. B. WHITEHOUSE
R. F. HEBBERT
H. O. BLANFORD } Certificates of Honour.

JUNIORS.

A. C. F. TURNER, £10 and Certificate of Honour.
H. E. T. DAWES
G. G. BUTLER
W. PATEY
A. L. SACHS
A. J. S. PINCHIN
C. E. WHITEHEAD } Certificates of Honour.

FORENSIC MEDICINE AND INSANITY.**SENIORS.**

C. M. PAGE
H. B. WHITEHOUSE
R. F. HEBBERT
H. C. SQUIRES } Divide Prize of £10. Certificates of Honour.
H. C. SQUIRES } Certificates of Honour.

JUNIORS.

A. C. F. TURNER
W. H. R. SUTTON } Divide Prize of £10. Certificates of Honour.

PUBLIC HEALTH.**SENIORS.**

H. GRANGER
C. M. PAGE } Divide Prize of £10. Certificates of Honour.
A. G. J. THOMPSON
H. C. SQUIRES
R. W. STOCKS } Certificates of Honour.

JUNIORS.

H. G. BENNETT, £10 and Certificate of Honour.
H. J. NIGHTINGALE
G. G. BUTLER
A. C. F. TURNER
B. T. PARSONS-SMITH } Certificates of Honour.

MEDALLISTS.

(Introduced by the Dean of the Medical School.)

Practical Medicine.

H. J. NIGHTINGALE **The Mead Medal.**
H. C. SQUIRES **The Wainwright Prize.**
H. J. NIGHTINGALE.. .. **The Seymour Graves Toller Prize.**
H. G. BENNETT
C. M. PAGE } **Qualified for Mead Medal. Certificates of Honour.**
S. CHURCHILL " " **Wainwright Prize.** " "

Surgery and Surgical Anatomy.C. M. PAGE **The Cheselden Medal.**

R. F. HEBBERT, Qualified for Cheselden Medal. Certificate of Honour.

Beaney Scholarship in Surgery £50.

G. R. FOOTNER	} Divide Scholarship.
L. E. C. NORBURY	

Pathology and Morbid Anatomy.R. C. JEWESBURY **The Bristowe Medal.****For General Proficiency and Good Conduct.**H. J. NIGHTINGALE **The Treasurer's Gold Medal.**

Then followed a great settling down, and much leaning forward of heads to listen.

Our Hospital, Professor Osler assured us, was especially dear to Canadians as the favourite place for post graduate study in England. We learned, not without a pang of regret, that had it not been for the allurements of the Physiological Laboratory at University College, we might to-day have numbered him as an old student of the hospital.

We were comforted to hear that he had studied clinical medicine in our wards, and had learnt much, as so many have done since, from Dr. Sharkey, in those days Resident Assistant Physician.

He complimented the Treasurer on his balance sheet and the Hospital on its clinical laboratory. For Hospital work without research was like an army composed of an ambulance corps without a fighting line. He referred to the needs of the "poor rich" as contrasted with the "rich poor," for whom the great hospitals of the world afford the greatest medical skill and the most perfect methods of cure, and congratulated the Hospital on the work that was being done in St. Thomas's Home.

He then turned to the Students and emphasised the one text on which he was always ready to preach to them: "Take no thought of the morrow, but just do your day's work as well as it can be done."

He told them not to be in too much hurry. Also he told them that they must educate and develop their hearts, not the heart usually so-called, that they had better keep in cold storage for some years, but their intellectual heart.

They should all know German and French well and should be able to read them quickly and easily. And they should know the great works by all the great authors, especially of our own country. He said that ordinary young men should devote at least an hour a day to this, and medical students at least half-an-hour.

The subsequent proceedings hardly call for lengthy comment. The drinking of tea and the visiting of wards brought to a close a very pleasant afternoon.

The Dance.

THE Hospital has held no more successful function of late years than the Dance at the Empress Rooms, Kensington, on June 21st. Long before the fixed time for dancing, 9.30 p.m., the reception rooms were quite full and Mrs. Makins, who so kindly acted as hostess was welcoming the guests as early as 9 o'clock.

An admirable programme of twenty-two dances had been arranged, which the 250 people present seemed to greatly appreciate, if one can judge by the many encores that were accorded; in fact every dance after supper had to be repeated, so enthusiastic were the dancers.

The Treasurer and many members of the staff brought parties and all were loud in their praises of the excellent management of every detail. This was entirely due to the efforts of Mr. A. B. Howitt, who not only originated the project of a Hospital Dance, but himself undertook the arrangement of the many and varied details that such a function necessitates. That there was no hitch anywhere reflects the greatest credit on the organiser, and the Students' Club, which benefits to the extent of £51 thereby, owes all its gratitude to Mr. Howitt.

The music was admirable, there was a capital supper and the floor was—well, it was the Empress Rooms. It was certainly extremely hot, but being the shortest night of the year it was not unexpected, and at no time was the ball-room over-crowded. All ten stewards worked hard and consequently the introducing was all that could be desired, so that everyone enjoyed themselves and were very sorry when, like all other good things, the dancing came to an end at 3 o'clock.

The success from all points of view was undoubted, and the *Gazette* only voices the opinion of all who were there, and many who were not, in hoping that the Dance will be an annual event.

FROM OUR SPECIAL CORRESPONDENT.

We were so entranced with the kaleidoscope of colour caused by the many and varied shades of the ladies' costumes that we must perforce add an account of the more imposing ones.

Miss X—, whom Dr. Y— insists was the belle of the ball, looked most enchanting in salmon pink satin, the bodice cut V-shaped and trimmed with a Romney fishu of mousseline de soie. Quite a sensation, too, was caused by the artistic creation affected by popular Lady K—, whose lithesome figure was draped in a robe of wondrous beauty. She wore a handsome diamond tiara.

Another particularly striking gown merits special mention. It was that of Miss Z—, whose petite form and blonde hair were admirably set off by pale cyanide gauze with Brussels lace insertions and a large Garibaldi gusset of a boracic tint.

The Misses J—— were always conspicuous, especially in the refreshment room. The elder looks almost as bonny as in the Jubilee year when she was first “presented.” Her empire gown was an amorphous diaphany of a flamboyant picric with a honeycombed yoke of puce green. Her sister was resplendent in a scarlet crêpe de chine toilette interspersed with entredeux of Valenciennes lace. The revers upon the blouse were of a spotted peignoir stiffened with stitched cordings. Her hair was becomingly dressed in very piquant style after the beret type.

Miss A. de B——

[We cannot find room for more: ED.]

Annual Meeting of the R. F. Club.

THE Annual Meeting was held in the Medical Theatre, on June 29th, under the Presidency of Mr. Battle. Mr. Neild read the minutes of the last meeting which were agreed to and signed.

The following officers were elected for the ensuing year :—

Captain 1st XV.	...	...	Mr. Neild.
Secretary „	...	...	Mr. R. Abraham.
Captain 2nd XV.	...	...	Mr. Wheeler.
Secretary „	...	...	Mr. E. Seymour.

Messrs. Bingham and Petch were re-elected on the Committee and the other two vacancies were filled by Messrs. Rae and Dudley.

The voting for the two vacancies was as follows :—

Rae	...	...	12 votes.
Dudley	...	...	10 votes.
Sutton	...	...	8 votes.

Mr. Neild said that before the meeting terminated he would like to announce that Mr. Petch had been awarded his cap. (Applause.)

Mr. Battle said that the applause spoke so well for the award being highly pleasing to all, that it was almost unnecessary for him

to say anything. He (Mr. Battle) had heard of and had seen Mr. Petch working most strenuously on the field and he had done some very good work for the XV. last season.

Mr. Neild proposed a hearty vote of thanks to Mr. Battle for taking the Chair. (Carried *nem con.*)

Mr. Battle replied, thanking all for the vote of thanks. He said at the best of times he was not fond of delivering a speech and certainly was not going to deliver one then. He hoped the Club would have a better season than last. Mr. Battle then went on to deplore the lack of interest shown and said that all men should take Messrs. Petch, Bingham, and Rae as examples and then he was sure Hospital football would come up to its former standard, and we should then stand in a better position among the Hospitals. Mr. Battle informed the assembly that as there were many more new men coming up now than formerly, he saw no reason why the Cup should not come back to the Hospital once more. He said if one noted the number of times our Hospital had won it, it would be seen that its real home was St. Thomas's. Having appealed to all to take greater interest in Hospital football, Mr. Battle remarked that he hoped next year would see the Cup once more at St. Thomas's. (Applause.)

This terminated the meeting.

Athletic Sports.

TUESDAY, JUNE 19TH, 1906.

THE Clerk of the Weather is always kind to us on this annual occasion, and this year he did not fail. Brilliantly fine weather awaited our visitors at Chiswick, and though perhaps the attendance was not quite as numerous as usual, yet those who did come, came to enjoy this union of strenuous contest and social pleasure, and were not disappointed. The ground always looks its best at this time, for the grass and trees are now greenest, and the gaily dressed throng in summer costumes make up a picture not easily surpassed.

Tea is a not inconsiderable part of the attraction and the fare provided this year was perhaps as good as, or better than, that on any previous occasion, and the way in which the company hovered near, like sparrows in the park, and swooped upon the tables at the earliest opportunity, showed how much this delicate attention,

arranged by the Committee, is appreciated. Strawberries and cream disappeared with lightning rapidity, and decorative florial cakes and tea followed suit. The skill with which many cavaliers bandied plates, cups, teapots and cake from hand to hand and table to table, shows that, should all else fail and examiners prove obdurate, there is still a livelihood to be gained in the conventional fitless dress suit of a waiter. The staff race as usual attracted much attention, and indeed it was a great sight to see the veterans unhampered by advancing years or increasing waist bands, come thundering down the course.

Other events of a diverting character were the sack bumping and the wheel-barrow race, both of which caused much amusement. A list of the events is given below.

Putting the Shot—(1) J. K. Milligan, 29 ft., (2) B. A. Cheadle. 28 ft. 4 ins.

220 yds. Handicap—(1) G. M. Huggins, (2) H. E. T. Dawes, (3) H. G. Bennett. Time 23½ secs.

Bumping Sack—E. H. Marshall.

Half-Mile Handicap—(1) G. C. Birt, (2) E. M. Parsons-Smith. Time 2 mins. 10½ secs.

Three Miles Handicap—(1) G. C. Birt, (2) B. T. Parsons-Smith. Time 17 mins. 0½ sec.

Quarter-mile Handicap—(1) A. G. V. French, (2) B. S. Gutteridge, (3) W. Deane. Time 56 secs.

Staff Race—(1) J. B. Bletsoe, (2) Dr. Fairbairn.

Throwing the Cricket Ball—(1) F. Skrimshire, (2) H. G. Bennett. 80 yds. 2 ft.

Long Jump—(1) B. A. Cheadle, (2) A. G. V. French. 19 ft. 2½ in.

High Jump—(1) B. A. Cheadle, (2) E. A. Seymour. 5 ft. 1½ in.

Two Miles Cycle Race—(1) F. M. Neild, 350 yds. start; (2) D. H. Caine, scratch. Time 6 mins. 4½ secs.

120 Yards Hurdles—(1) B. A. Cheadle, (2) R. E. Todd. Time 18¼ secs.

One Mile Handicap—(1) G. C. Birt, scratch; (2) B. T. Parsons-Smith. Time 4 mins. 5½ secs.

100 Yards Scratch—(1) R. E. Todd, (2) E. L. Atkinson. Time 11½ secs.

100 Yards Handicap—(1) R. E. Todd, (2) G. M. Huggins. Time 11½ secs.

Throwing the Hammer—(1) E. L. Atkinson, (2) H. G. Bennett. 65 ft. 6 ins.

Points Challenge Cup and Medal was won by B. A. Cheadle.

One Mile Challenge Cup—G. C. Birt.

100 Yards Challenge Cup—R. E. Todd.

GOLF.

ON Thursday, the 14th June, the second annual golf match, between the governors and the staff, was played at Guildford, where both sides were most courteously made members of the Guildford Golf Club for the day.

We congratulate the staff heartily on the ample revenge they took upon the governors on that day for the defeat in the first match. The governors evidently exercised their right of calling for first claim on Mr. G. Q. Roberts, whom we expect always to see playing for the staff. On the present occasion he was the only one on the governors side to take $1\frac{1}{2}$ in the singles, his victim being Dr. Percy Smith. Dr. Hawkins won his game and halved the bye with Mr. F. G. Thorne. Mr. W. H. DuBuisson, who is Captain of the Guildford Golf Club and knows well every intricacy on the course, turned his local knowledge to good effect and won his game against Dr. Sharkey, who however to some extent mitigated the severity of his defeat by winning the bye, principally over the last two holes where one can see where one is going to. Dr. Low, who is playing in great form at the present time, won his game but lost the bye to Dr. B. G. Frith, who was playing as a substitute for the governors. Dr. Greg won his game but lost his bye to Mr. Thos. DuBuisson, while Dr. Bell, Mr. Wallace and our Dean, Mr. Fisher took $1\frac{1}{2}$ each off their three opponents Mr. Alexander Ritchie, Mr. G. A. Macmillan and Mr. A. P. Boyson. In the foursomes in the afternoon Dr. Percy Smith and Dr. Hawkins defeated Mr. Roberts and Mr. Thorne, but lost the bye. Mr. W. H. DuBuisson and Dr. Frith won both the bye and the quarter against Dr. Sharkey and Dr. Low, but once more the tail end of the staff team asserted themselves strongly, both pairs winning both games and byes. As a quarter was allowed for each bye the net result is a win of $10\frac{1}{2}$ games to the staff against $4\frac{1}{4}$ to the governors. We are pleased to see that the latter half of the staff team shows such a great increase in strength. Doubtless this is owing to the practice that many of them have been able to have in their contests with the students recently and in the golf tournament. It is quite evident that the governors will have to call to their aid their strongest players next year, if they are to keep up the average held by the first four players in the present contest and revenge this defeat by the staff.

SINGLES.

Governors.			Staff.		
Mr. G. Q. Roberts	...	1½	Dr. Percy Smith	...	0
„ F. G. Thorne	...	0	„ Hawkins	...	1
„ W. H. DuBuisson	...	1	„ Sharkey	...	½
„ B. G. Frith	...	½	„ Low...	...	1
„ Thos. DuBuisson	...	½	„ Greg	...	1
„ Alex. Ritchie	...	0	„ Bell	...	1½
„ G. A. Macmillan	...	0	„ Cuthbert Wallace	...	1½
„ A. P. Boyson	...	0	„ J. Herbert Fisher	...	1½
<hr/>			<hr/>		
2½			7		

FOURSOMES.

Mr. G. Q. Roberts	...	½	Mr. Percy Smith	...	1
„ F. G. Thorne	...	½	„ H. P. Hawkins	...	0
„ W. H. DuBuisson	...	1½	„ S. J. Sharkey	...	1½
„ B. G. Frith	...	0	„ L. Dow	...	1½
„ Thos. DuBuisson	...	0	„ A. H. Greg	...	1½
„ Alex. Ritchie	...	0	„ R. H. Bell	...	1½
„ G. A. Macmillan	...	0	„ C. Wallace	...	1½
„ A. P. Boyson	...	0	„ J. H. Fisher	...	1½
<hr/>			<hr/>		
1½			3½		

Total result 4½ to 10½

THE GREATER GOLF MATCH.

Staff A 1 team.			Students.		
Dr. Bell	...	1	Mr. W. R. Bristow	...	0
„ Fairbairn	...	1	„ G. M. Huggins	...	0
Mr. Robinson	...	0	„ R. G. Bingham	...	1½
„ Nitch	...	1	„ C. Sankey	...	0
„ Sargent	...	0	„ H. J. Treves	...	1½
Dr. Dudgeon	...	0	„ W. Sankey	...	1½
<hr/>			<hr/>		
3			3½		

FOURSOMES.

Mr. Fairbairn	...	0	Mr. Bristow	...	1½
and	...	0	and	...	1
„ Bell	...	0	„ Huggins	...	1
„ Robinson	...	0	„ H. Treves	...	1
and	...	0	and	...	1
„ Sargent	...	0	„ Bingham	...	1
„ Nitch	...	0	„ C. Sankey	...	1
and	...	0	and	...	1
„ Dudgeon	...	0	„ W. Sankey	...	1

The junior staff, by no means overawed by the defeat inflicted on the senior staff by the students, collected their forces, surgeons, gynaecologists, and last, but by no means least a pathologist, and challenged a students team to play (under handicap) at Totteridge, on Friday, the 25th May.

We may say at once that we are in a position to deny the rumour that the record for the course was ever seriously endangered. Six couples addressed the ball brim full of confidence on the 1st tee, but the long grass in front and a hedge to the right claimed many victims.

The morning round was a triumph for Adelaide, Dr. Bell with a brilliant 3 at the 9th hole and a 2 at the 10th, completely paralysed his opponent, and Dr. Fairbairn despite the visits to several kidney porringers filled with sand, with which the course abounds, emerged triumphant from his encounter.

Bingham, who drove a "broad" ball, in company with his opponent, Mr. Robinson, visited most of the hedges on the course, but was finally victorious.

The R.A.S., notwithstanding the fact that he had spent the preceding night in the North theatre, overcame Sankey junior at the eighteenth hole by the aid of steady work on the greens.

Treves was playing a strong game, and standing dorny six, succeeded in beating Mr. Sargent.

The remaining member—the hope of the staff team—arrived late, having had no breakfast. Whether this disconcerting factor had anything to do with the case or not, we believe it is not a fact that after emerging smothered in sand from one of the bunkers guarding a green, he claimed a half in fourteen. He was ultimately beaten by W. Sankey. After lunch foursomes were played. Whether from secondary inertia following lunch or not, the Gynaecologists were defeated by their victims of the morning. Bingham and Treves after a somewhat erratic round proved themselves too much for the Surgeons.

Dr. Dudgeon, the R.A.S., and the brothers Sankey spent a large part of the afternoon at the pond and gave an excellent demonstration of the fact that the rubber cored balls float even after repeated immersion.

On hearing a cheer from the Surgeons we looked round and found that the Pathologist had successfully negotiated yet another bunker into which he had been put on this occasion by his partner; but in spite of his efforts the Sankeys were ultimately successful.

A most enjoyable day was spent by all, and we should like to express our thanks to the A1 team for the kind way in which they entertained us.

Club Notices.

CRICKET.

ST. THOMAS'S HOSPITAL v. EPSOM.

Played at Epsom on June 2nd.

We were badly defeated in this match by 140 runs.

The bowling was about the best we have met this year, and not much opposition was offered by our batting. Unfortunately Houre has been unable to play for us since the Cup Tie, so we were much in need of his services, especially as our bowling is not altogether our strongest point. In the 2nd innings we started much better than in the first innings. Weir played a nice innings for 59.

St. Thomas's Hospital—1st Innings.

E. A. Seymour, lbw. b. Daniells	...	...	...	...	3
F. M. Neild, c. sub., b. Edwards	...	...	...	...	6
W. B. Laird, c. Rawson, b. Edwards	...	...	...	...	6
W. Weir, b Edwards	...	...	...	...	11
H. L. Paddon, c. Edwards, b. Daniells...	...	...	...	...	5
W. Shipton, c. Edwards, b. Daniells	...	...	...	...	0
D. C. Dobell, c. and b. Daniells	...	...	...	...	6
H. L. Main, b. Edwards	...	...	...	...	0
R. L. Barwick, run out	...	...	...	...	3
L. Fisher, st. Rawson, b. Daniells	...	...	...	...	2
H. S. Hall, not out	...	...	...	...	2
Extras	...	...	...	...	8
Total	...	...	...	...	47

2nd Innings.

H. S. Hall, b. Fulford	...	...	...	...	5
R. L. Barwick, b. Fulford	...	...	...	...	6
W. Weir, b. Green...	...	...	...	...	59
E. A. Seymour, run out	...	...	...	...	4
F. M. Neild, not out	...	...	...	...	27
D. C. Dobell, not out	...	...	...	...	11
Extras	...	...	...	...	20
Total	...	...	...	...	132 for 4

Epsom.

F. L. Rawson, run out	...	...	...	...	46
W. H. Eggar, b. Seymour	...	...	...	...	12
A. B. Fulham, st. Neild, b. Weir	...	...	...	...	8
A. J. Green, c. Seymour, b. Dobell	...	...	...	...	27
A. C. Daniells, st. Neild, b. Dobell	...	...	...	...	7
J. N. Eggar, lbw. b. Dobell	...	...	...	...	25
H. Willis, c. Dobell, b. Shipton	...	...	...	...	0
F. Fulford, st. Neild, b. Dobell	...	...	...	...	1
E. C. Shirps, not out	...	...	...	...	28
H. W. Edwards, c. Dobell, b. Paddon	...	...	...	...	15
A. G. Parson, c. Paddon, b. Dobell	...	...	...	...	1
Extras	...	...	...	...	16
Total					181

ST. THOMAS'S HOSPITAL v. CHISWICK PARK.

Played June 9th, on Chiswick Park Ground, and ended in a win for the Hospital with the score of 356 for 9 wickets, against 124 made by Chiswick Park. The chief scorers for the Hospital were Seymour, Neild, Holl, Weir and Devas, each of whom made over thirty.

The fielding was certainly better than in the previous matches.

This is the second time this season we have had the advantage over Chiswick, the first time being a draw in our favour.

St. Thomas's Hospital.

E. A. Seymour, b. Robertson	...	...	...	...	39
F. M. Neild, run out	...	...	...	...	85
W. B. Laird, c. and b. Curry	...	...	...	...	19
F. H. Holl, not out	...	...	...	...	100
W. Weir, c. Curry, b. Robertson	...	...	...	...	54
H. C. Devas, c. Massy, b. Caldwell	...	...	...	...	45
D. C. Dobell, lbw. b. Shepard	...	...	...	...	8
R. G. Bingham, st. Killion, b. Curry	...	...	...	...	18
R. L. Barwick, c. Finnis, b. Caldwell	...	...	...	...	21
W. H. R. Sutton, b. Robertson	...	...	...	...	1
H. I. Paddon, not out	...	...	...	...	0
Extras	...	...	...	...	16
Total					356

Chiswick Park.

R. L. Finnis, c. Bingham, b. Dobell	...	...	...	...	17
F. M. Killion, b. Paddon	...	...	...	...	14
D. Robertson, b. Weir	...	...	...	...	36
G. A. Massy, c. Holl, b. Weir	...	...	...	...	7
H. D. Curry, b. Weir	...	...	...	...	4
H. B. Caldwell, b. Dobell	...	...	...	...	4
H. L. Shepard, b. Dobell	...	...	...	...	8
F. B. Dalglish, b. Devas	...	...	...	...	13
H. S. Castle, run out	...	...	...	...	6
W. O. Downs, not out	...	...	...	...	2
E. W. Evans, b. Devas	...	...	...	...	2
Extras	...	...	...	...	11
Total					124

ST. THOMAS'S HOSPITAL v. EAST MOLESLEY.

June 16th, at East Molesey.

This was a most exciting match ending in a win for East Molesey by one run.

It was most disappointing, as we were told that we had won, but on adding up the score again, the result was as shown below.

We deserved to win as one of their last men was given "not out" when his bail had been knocked off, but had not been noticed by the Umpire.

The latter part of the match was played in pouring rain.

They had a fairly strong team including Graburn, Lucas and Winter.

For us Seymour played well for his 34.

St. Thomas's Hospital.

E. A. Seymour, c. Dove, b. Lucas	...	...	...	...	34
F. M. Neild, c. Dove, b. Dixon	...	...	...	...	16
W. Weir, b. Graburn	...	...	...	...	2
W. B. Laird, b. Graburn	...	...	...	...	25
F. H. Holl, b. Graburn	...	...	...	...	5
M. W. Morrison, c. Mawley, b. Lucas	...	...	...	...	5
W. Shipton, c. and b. Lucas	...	...	...	...	15
H. L. Paddon, b. Graburn	...	...	...	...	2
W. H. R. Sutton, c. Dixon, b. Graburn	...	...	...	...	4
J. S. K. Foote, c. Winter, b. Graburn	...	...	...	...	4
E. L. Mann, not out	...	...	...	...	0
Extras	...	...	...	...	4
Total					116

East Molesey.

W. Dove, c. Seymour, b. Weir	...	...	...	...	85
W. Graburn, b. Seymour	...	...	...	...	17
R. S. Lucas, c. Sutton, b. Paddon	...	...	...	...	13
C. E. Winter, b. Weir	...	...	...	...	0
H. S. Cobb, b. Weir	...	...	...	...	5
J. Dixon, c. Sutton, b. Paddon	...	...	...	...	4
H. W. Dixon, not out	...	...	...	...	6
F. T. Mawley, b. Paddon	...	...	...	...	9
F. B. Osborn, b. Paddon	...	...	...	...	0
R. Playford, c. Neild, b. Paddon...	...	...	...	...	8
R. T. Thorburn, b. Weir	...	...	...	...	12
Extras	...	...	...	...	8
Total					117

ST. THOMAS'S HOSPITAL v. LONDON COUNTY.

Played at Crystal Palace, June 23rd.

We were absolutely outplayed as the score shows for itself.

After being put in first on a good wicket, we made an excellent start, Neild and Seymour bringing up the score to 50. The latter has scored most consistently for us this season. After they were parted Weir and Dobell were the only ones to make double figures, Dobell playing well for his not out 15.

We started fielding directly after lunch, and continued till 6.30, when the stumps were drawn, and none too soon, as everybody seemed to have had quite enough of it on our side.

We started very well indeed, getting three wickets down for 26, including W. G. Grace, who was out the 2nd ball he got.

Hoare turned out for us the first time since the Cup Tie, and got the first two wickets.

The fielding up to the time when our score was reached was really excellent, Barwick especially, at point, surpassed himself.

After they had passed our score, interest in the game seemed to flag, which was not to be wondered at as some of the slowest batting took place.

Eventually they reached their score of 856.

Waterer was in all the afternoon for his 168 not out.

St. Thomas's Hospital.

E. A. Seymour, lbw. b. W. G. Grace	...	...	...	82
F. M. Neild, b. Marsh	...	...	...	23
W. Weir, b. W. G. Grace	...	...	...	16
W. B. Laird, run out	...	...	...	7
F. H. Holl, c. Murch, b. Marshall	...	...	...	1
H. C. Devas, c. and b. W. G. Grace	...	...	...	4
W. Shigton, st. Murch, b. W. G. Grace	...	...	...	0
D. C. Dobell, not out	...	...	...	15
R. L. Barwick, lbw. b. W. G. Grace	...	...	...	8
N. S. Hoare, b. C. Hayward	...	...	...	1
H. L. Paddon, lbw. b. W. G. Grace	...	...	...	0
Extras	...	...	...	2
Total				104

London County.

W. G. Grace, c. Dobell, b. Hoare	...	...	...	2
C. H. Fulham, c. Holl, b. Hoare	...	...	...	7
P. G. Gale, b. Seymour	...	...	...	40
C. B. Grace, c. Hoare, b. Paddon	...	...	...	9
P. R. Waterer, not out	...	...	...	168
Dr. N. Roche, c. Hoare, b. Shipton	...	...	...	55
H. Parry, b. Paddon	...	...	...	6
L. Clarke, c. Neild, b. Paddon	...	...	...	8
C. Hayward, not out	...	...	...	56
— Marshall, did not bat	...	...	...	0
Murch ditto	...	...	...	0
Extras	...	...	...	10
Total				356

2ND XI, CRICKET.

Unfortunately, the score-book containing the valiant deeds of the 2nd XI. has been lost so that only a brief review of the season as far as it has gone, is possible and the details of their play must be left to one's imagination.

In the cup-tie we had to share a similar, if to a less degree, the fate of the 1st XI., Bart.'s once more proving to be our *bête noir* at cricket. Owing to some mistake we had only ten men. Bart.'s declared when they had made 180 for six wickets and we made 180 for our nine and they only had about three minutes to spare, so that with another man we might have made a draw of it.

Altogether, the season has been a successful one, and it has been largely due to the splendid play of some of our veterans, especially Devas, whose 80 against St. Mary's won us the match with an otherwise very weak side. We have had the assistance in emergencies of Dr. Glasgow, who has bowled well. Of the batsmen Sutton has scored consistently all through the season, though lately he has been eclipsed by Mann's brilliant century against

Hong Kong and Shanghai Bank—their bowling was not up to the standard of the teams we play, and it was severely punished by Mann, who hit everything and made his 186 in a short time. Needless to say, we won this match easily. Dickson has been the most successful bowler, and Dobell is quite good, but the 1st XI. have required his services too often. The Brentwood match was conspicuous for the low scoring on both sides, and Sutton was the only one who could make any runs at all for us as he accounted for quite three-quarters of our total; the pitch was much in favour of the bowlers, and Glasgow's bowling was too good for the boys.

This year there seems to have been an unusually large number of good cricketers who are out of their year, and with the cup-tie ahead and the useful material among the "freshers" it has often been impossible to play the former as much as their keenness and form deserved.

LAWN TENNIS.

St. Thomas's have again been successful in winning the Inter-Hospital Cup by defeating St. George's on the first day and Guy's in the final. A. J. Rae (Capt.), as usual, won both his singles. H. E. T. Dawes managed to win both his singles although very hard pressed by Zorab (Guy's) in the final. Gemmell won both singles, being particularly brilliant against Chapple (Guy's). Howitt lost his singles but proved successful in the doubles. Hebbert was successful in both singles, having come on greatly since last year. G. N. Brandon won his single *v.* George's, but lost to Cutler (Guy's) due to lack of experience. He is a steady player and shows great promise for future years. With Hebbert as a partner he has been very successful in doubles.

In the first round we drew a bye.

In the second round *v.* St. George's we won the singles 5—1, doubles 4—2.

In the final *v.* Guy's we won the singles 4—2, doubles 4—2. The following were the pairs:—

<i>1st pair</i> —A. C. Gemmell,	<i>2nd pair</i> —A. J. Rae,
H. E. T. Dawes.	A. B. Howitt.
<i>3rd pair</i> —R. F. Hebbert,	
J. N. Brandon.	

INTER-HOSPITAL JUNIOR TENNIS CUP.

In the first round we drew Guy's, the match being played at Honor Oak. We were outclassed at every point and lost by 10—4.

Team: Chann, Leicester, Matthieson, Smale, Walker, Wheeler.

It is a great pity we were unable to do better in the cup match, as the results till now have been very good:—

St. Mary's Hospital—Chiswick ...	...	Won.
London Hospital 2nd VI.—Chiswick ...	...	Won.
Ealing 2nd VI.—Chiswick ...	...	Lost.
St. Mary's Hospital—Away ...	...	Won.
Chiswick Park 2nd VI.—Chiswick Park		Lost.
London Hospital 2nd VI.—Hale End ...		Won.

WATER-POLO.

ST. THOMAS'S v. H.A.C. AT ST. GEORGE'S BATHS.

Wednesday, June 13th.

Although the Hospital was defeated, a good game resulted from our first match this season. Witney lost the toss, and we started by defending the shallow end. The H.A.C. attacked immediately, but Dudley relieved, and passed forward to Witney, who promptly scored. Just before half-time our opponents equalised.

Defending the deep end, two goals were scored against us in quick succession, mainly through men being unmarked. A fine shot by Littlewood drew us level, but just before time the H.A.C. again got through, thus winning the game by 4—3 goals. Witney who scored twice was mainly responsible for our attack, but the new members played up hard. Many thanks to the few sporting Thomas's men who turned up to encourage us, and to Nield for refereeing.

Team: Milligan, goal; Dudley, Parkinson, backs; Johnson, half; Witney, Littlewood and Overton, forwards.

ST. THOMAS'S v. ST. JOHN'S COLLEGE.

Friday, June 15th.

Played at Clapham, and resulted in a win for the Hospital by 3—2 goals. It was a poor game, and we should have won by a larger margin but for a partial referee, who was constantly pulling us up for imaginary fouls. The bath, too, was ridiculously shallow. St. John's scored first, and directly afterwards Johnson took the ball to within a few yards of goal and missed his shot. Just before half-time Witney scored. On crossing over Witney again scored after a good run up. St. John's put on the next with a splendid shot in the corner of the net, and soon after Witney shot our third goal from a pass from the left wing.

Littlewood at centre always managed to reach the ball first. Our chief defect was the poor way in which the forwards were fed. Passes continually fell short, completely spoiling the attack.

Team: Milligan, goal; Dudley, Parkinson, backs; Overton, half; Witney, Littlewood, Johnson, forwards.

ST. THOMAS'S v. ST. JOHN'S COLLEGE.

Friday, June 22nd.

The return match with the above club resulted in a win for the Hospital by 5 goal to 1. Starting in the shallow end, the Hospital attacked directly, and after a few minutes play Johnson scored. Before half-time three more goals were added, Witney two and Johnson one.

On changing ends the play was more even. A penalty against Milligan resulted in a goal for St. John's, who then attacked vigorously. Bristowe and Dudley, however, proved invincible, and just before time Witney again scored for the Hospital.

Team: Milligan, goal; Bristowe, Dudley, backs; Parkinson, half; Witney, Overton, Johnson, forwards.

INTER-HOSPITAL SWIMMING CUP TIE.

ST. THOMAS'S v. GUY'S.

The match took place on Monday, June 25th, at the Southwark Baths. The Hospital team was decidedly weak and suffered defeat by about two yards. Johnson started for Thomas's and lost about one yard, a loss which was increased still further by Witney and Milligan. Littlewood went last, and made a noble effort to win, but, although considerably reducing the interval, was unable to get in first. It is to be hoped that more keenness will be shown next year, this disappointing result being all that could be expected when one of our best swimmers pleads slackness as his reason for being unable to swim. May he repent in sackcloth and ashes!

Books for Review.

A HANDBOOK FOR MIDWIVES AND MATERNITY NURSES. By Comyns Berkeley, B.A., M.B., B.C. (Cantab), M.R.C.P., Asst. Obst. Physician to the Middlesex Hospital, &c., &c. Cassell & Co., Ltd. 5/-.

We have little but praise for this handbook; it is well arranged and clearly written. Any midwife who had thoroughly mastered its contents would be well equipped for examination, and would—so far as books can make her,—start her professional life with a sound knowledge of what normal labour is, and of the times when it is her duty to send for skilled assistance. We would draw particular attention to the section dealing with the new-born infant. Many a student, and even medical practitioner, would feel the benefit of a glance at these pages.

THE BACTERIOLOGY OF PERITONITIS. Dudgeon & Sargent.

The systematic examination of the peritoneum in nearly three hundred cases of acute peritonitis, operated upon at St. Thomas's Hospital, forms the basis of this work. The book is not only a record of this valuable and original research, but it also presents to us for the first time acute peritonitis in a scientific and comprehensible aspect. The various forms of peritonitis are described both from the clinical and the pathological point of view, and there is much that is new both upon the question of treatment and the functions of the various bacteria met with.

The much-disputed question as to the actual part played by the bacillus coli is here satisfactorily dealt with; a rôle of considerable interest, also, in acute peritonitis is ascribed to that hitherto somewhat slighted organism, the staphylococcus albus.

Suggestions derived from the pathology are made use of in the practical treatment of the peritoneum, and with success.

We congratulate the authors upon their happy combination of surgeon and bacteriologist.

Examination News.

UNIVERSITY OF OXFORD, June, 1906.

Zoology and Botany.—Clive Newcomb.

First M.B. Examination.

Anatomy and Physiology.—A. Mavrogordato, H. A. Savage.

Second M.B. Examination.

Medicine, Surgery, Midwifery.—A. G. J. Thompson.

UNIVERSITY OF CAMBRIDGE, June, 1906.

First Examination.

Chemistry and Physics.—A. C. Gemmell, F. T. Shackell.

Second Examination.

Human Anatomy and Physiology.—M. W. Baker, J. C. Fox, D. J. Freyer,
J. C. Marklove, A. J. Rae.

Third Examination.

Part I.—Pharmacology and General Pathology.—A. C. Anderson,
F. S. Hewett, W. F. Manners, J. N. Wheeler.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall. The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

St. Thomas's Hospital Gazette.

No. 7.

OCTOBER, 1906.

VOL. XVI.

Hospital Notes.

The annual hospital dinner took place on October 2nd, and a full account of the proceedings will be found in this number. The attendance was considerably above the average, and must be a source of well deserved satisfaction to those hard worked officials, the secretaries.

* * *

To the notice of those who were not present, the remarks of the Dean with regard to this *Gazette* are heartily commended. One of the chief objects of a journal such as this, is to keep former students informed of the doings of their contemporaries, as well as of happenings of importance at the hospital. The success of such a scheme calls for the generous co-operation of all who are able to send any news of themselves or of their friends. It is not the first time that such an appeal has appeared in these pages, and the Editor takes this opportunity of thanking all who have been good enough to contribute to this column. It is hoped that all who have found interest in reading news of their old friends, will follow their example and send, as the occasion may arise, information about themselves.

* * *

Professor C. S. Sherrington, who has recently been awarded the Medal of the Royal Society for his researches in Biology, has had conferred upon him the honorary degree of Doctor of Laws by the University of Harvard.

Mr. Alderman Thomas Boor Crosby, M.D., F.R.C.S., who was a student in 1850, has been admitted a Sheriff of the City of London. Dr. Crosby was presented with his shrieval chain and badge on behalf of the inhabitants of his ward, the Langbourn, by Lord Avebury. The chain contained six medallions bearing the arms of the Turners Company, the Royal College of Surgeons of England, the University of St. Andrews, the Society of Apothecaries of London, St. Thomas's Hospital, and the City of London.

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Dr. F. M. Sandwith has been appointed Physician to Out-Patients of the Seamen's Hospital Society with duties at the Branch Hospital to which is attached the London School of Tropical Medicine.

* * *

The Hon. L. H. Lindley has been appointed Physician-in-Chief to H.I.M. the Shah of Persia.

* * *

J. E. Kilvert has been appointed Honorary Surgeon to the Derbyshire Royal Infirmary.

* * *

Reprinted from "The SEI-I-KWAI Medical Journal."

BARON TAKAKI'S RETURN HOME FROM AMERICA.

"On the up train of 1.35 p.m. the Baron arrived at Shimbashi Station. He was heartily received there by distinguished representatives of the medical profession of the metropolis, members of Red Cross Hospital, Tōkyō Charity Hospital, Tōkyō Hospital and Tōkyō Charity Hospital Medical School. Especially a body of the students of Tōkyō Charity Hospital Medical School which consisted of about 200 hundred regularly fell in before the Baron at the platform and unanimously shouted the *Banzai* for him under the order of their instructor. Thus after receiving the salutation of those who attended there to meet him he left the station by a

carriage prepared for him for his residence, Nishikonyachō Kyōbashiku. Those who crowded the station this day numbered about 400 persons. As the information of his return was rather sudden this day, many persons who passed the return time of him unknown were very numerous."

* * *

A. S. F. Grünbaum has been appointed Dean of the Faculty of Medicine in the University of Leeds.

* * *

We have to record the death of two former students of the hospital.

John Henry Eddowes, M.D., J.P. died in his 84th year at Loughborough.

John Kirkpatrick, M.D. died at his residence in Toronto Ontario, on August 9th. The late Dr. Kirkpatrick was a Canadian, a graduate of Victoria University Medical College in 1871, and a member of the Royal College of Surgeons, London, England. In 1876 he received an appointment from the Red Cross Society of England as Surgeon on the Staff of Baker Pasha, and saw active service during the war between Russia and Turkey in 1876, being Chief Surgeon on Baker Pasha's Staff. At the close of the war he was awarded the Order of the Medijieh of the 1st Class by the Sultan of Turkey in person. Later on Dr. Kirkpatrick received an appointment from the British Government as District Medical Officer in the British West Indies, where he resided for sixteen years, having charge of the Leper Hospital, St. Kitts, West Indies. He was the eldest son of the late John C. Kirkpatrick of Chippawa, Ontario, and a great-grandson of the Rev. Robert Addison, the first missionary to Canada from the Church of England.

* * *

P. N. Panton has been appointed Louis Jenner Research Scholar in Pathology.

R. F. Hebbert and C. M. Roberts have been successful in the examination for the Indian Medical Service, and C. W. Bowle has passed into the R.A.M.C.

* * *

The numerous admirers of the hospital Pierrots will have a chance of attending a special performance on the 20th November at the Victoria Hall, Waterloo Road. A notice giving full particulars will be posted in the hospital, but in the meanwhile applications for tickets may be made to any member of the Pierrot troupe, or paid to Robert Hopkins in the Central Hall. The proceeds are to be devoted to the restoration fund of Holy Trinity Church, Lambeth, in the parish of which the Hospital stands.

* * *

The Scholarships have been awarded as follows :—

The University scholarship to O. L. Simpkinson, Corpus Christi College, Oxford

The Entrance scholarship to M. W. Littlewood.

* * *

J. E. H. Sawyer has been appointed Casualty Assistant Physician to the General Hospital Birmingham.

The Old Students' Dinner.

THE St. Thomas's Dinner was not, as it chanced, the only medical dinner which took place on October 2nd within the walls of the Hotel Cecil, for University College Hospital and King's College Hospital had selected the same time and place for their annual gathering. The coincidence resulted in a very cordial interchange of good wishes between the representatives of the three hospitals. The toasts of the King and of the Royal Family were honoured with great loyalty, and after a short pause Dr. Arthur Newsholme rose to propose the toast of the evening :—

“Gentlemen, the toast which I have the honour to propose to you is that of St. Thomas's Hospital and the Medical School. We

have here the Treasurer of the Hospital, who will respond on behalf of the Hospital itself; we have the Medical Staff and their Dean, who will respond on behalf of the School; we have no doubt representatives of the Nightingale Home; and lastly we have here a goodly company of those who, we might say, were manufactured at St. Thomas's Hospital. So that every department of the Hospital is represented here, and we old students who assemble here come with one predominant feeling in our hearts to express our gratitude to St. Thomas's for the great benefits received in the past. I think it is desirable to remember that the numbers who are present do not represent the full force or extent of the work of St. Thomas's Hospital, for there are hundreds scattered all over the world who owe their training to what St. Thomas's has given them. On such an occasion as this it is natural and proper that we should all be thinking of the days when we were students.

We all remember the early days of our student life and the ancient jokes which were annually reproduced by our lecturers. But there is this point about those jokes, that they were all intended to help us. Then we cannot help recalling the worth of the men who will never gather again at this hospitable table. Men like Wagstaffe, who was cut off in the midst of his active work and who was then at the beginning of a brilliant career. Then we remember also our great teacher, Dr. Bristowe, a man with whom we are all proud to be associated, a great scientific pathologist. He taught us that pathology was the foundation of medicine and that medicine could only be built upon it. Then there was John Simon. I heard his last clinical lecture. Had there been time and had I not received instructions to be brief, I should have liked to have given you a long history of the great work which he set going. His public health teaching laid the foundation of such an improvement in the conditions in this country as had never before been known. Then, lastly, I would mention Dr. Murchison. I think there can be no doubt that he was the greatest clinical teacher London ever knew. These men have gone. They have entered into their rest.

We look with hopefulness to the future of St. Thomas's Hospital, which has Treasurer and Governors devoted to its administration, a Staff of the highest possible calibre, all of whom are determined to make St. Thomas's Hospital Medical School perfect. There is the building itself, a magnificent pile of buildings which lie on the south side of the Thames. Then you have workers willing and able to carry on the work of this great Hospital School as its lecturers. It is not necessary to go so far back as the days of Mead and Cheselden to impress this point. More recently Gervis and Ord did great work. Then we have had pathologists like Simon and Payne, and we have

had leaders in medicine like Simon and like Greenfield, who did memorable work while your lecturers at St. Thomas's Hospital.

A hospital which is in possession of such traditions, a hospital which has such a past behind it, a hospital which has such buildings, which has a staff like the present, and governors equally anxious to make the hospital efficient in every respect, has reason to be proud of its past and has reason also to look forward with hopefulness and with confidence to the future. Gentlemen, I give you the toast of St. Thomas's Hospital and Medical School, coupling with it the names of the Treasurer and the Dean of the Medical School.

The Treasurer replied :—It is a great satisfaction to me, as the chief executive official of St. Thomas's Hospital, to realise that a scientific student of St. Thomas's Hospital should have made his mark so very clearly defined in the world by his scientific knowledge and organization. We rather flatter ourselves, I hope you will also agree with me, that the scientific side of medicine as now taught in our pathological and clinical laboratories is highly efficient, and I feel quite confident that those who are studying there now, having far better opportunities, will try and be worthy successors of our chairman to-day. The excellence of our pathological and clinical laboratories nowadays may be taken as really a feature in our school.

During the past 16 years that it has been my privilege to stand in the position of Treasurer, it has been my practice to refer to various developments of the hospital which have taken place in the year that has passed, I fear this time I have nothing very definite to refer to as regards the hospital itself, except to express a very pious hope that the magnificent building which you have seen gradually rising at the Eastern corner of the hospital will very shortly be occupied, and prove a very great comfort and advantage to that devoted body of workers in our hospital—our nurses.

The New St. Thomas's Home will also, I hope, very shortly be in active use. Here I believe that the patients, who come to us, will enjoy the greater privacy, which they will now have, by having separate cubicles instead of those only separated by curtains, whilst our matron may say that nursing is rendered rather more difficult. On this point I hope I am not transgressing, but may I call the attention of all St. Thomas's men to the fact, that whilst they do send to us, and we very gladly receive from them a great number of patients who cannot pay, they would be helping the funds of the hospital if they would kindly remember the very efficient Home we have for patients, who do pay. I am loth to say more than I did last year upon the question of opening the two wards which are now occupied by St. Thomas's Home. You must all realise, and the older

you get the more you will realise it, that to do this would necessitate something like £7,500 a year extra income. I do not see how we can open a Ward under £2,500 a year, and three times £2,500 makes £7,500 a year. The particular assignment of these Wards, including Victoria Ward, when they are opened, is a matter of considerable difficulty. I know that our staff and present workers in the hospital, not to say past students, realise that we do want another ward for female medical patients; but at the same time there appears to me, and I have had considerable opportunity lately of knowing more of the medical school work, that there is looming before us, if not actually present, the absolute necessity for better obstetric teaching by providing a lying-in ward. It may be that the very life of our school will depend upon the provision of this lying-in ward. Well, I can only say that I hope it will be so. I know this, and I think I know the minds of the governors better than anyone else in the room, that we are all equally desirous of doing everything possible to bring St. Thomas's Hospital to that position which our chairman referred to as the leading hospital and the leading school of London.

I referred last year to the fact that plans had been carefully considered for the provision of In and Out-Patients in connection with diseases of the Throat, Skin and Ear. The financial position of the hospital has here called for a halt in capital expenditure, but there are wealthy men about, as we have seen in the past nine months, for during this period eight or nine millionaires have passed from this working world. Would that some one would kindly remember us in the same spirit as that great benefactor of St. Thomas's, Charles Gassiot did. But I fear, at the present moment, we can only hope. This I can say, that the Governors will not be slack in doing their part if they have the chance.

Turning to the school, it has been my great aim—and I am afraid I am vain enough to think that to a very large extent I have been successful—to promote a greater unity and fellowship between the staff on one side and the governors of the Hospital on the other, and at the present moment I feel that this relationship is entirely of the happiest. An advance in this direction has lately taken place, which I daresay many old St. Thomas's men know little of. It has been really bringing this co-operation into practical existence. Since I had the pleasure of addressing you last year, we have established a Hospital School Council. That council consist of five members of the staff, five governors, two lecturers, and one representative of the senate of London University. I feel sure that the infusion of the lay, or I would prefer to call it the business element in this body, cannot fail to be of great service in the practical work of our great school. I will say the school can only hope to be successful by the

united efforts of all of us in whatever position we are. We must let personal feelings lie aside and throw ourselves gladly and sympathetically into doing anything and everything that we can for the benefit of the school we love.

We live, as you all know, I dare say, in a very active age. Competition surrounds us in every direction and it can only be that school which provides the best teaching and which stimulates its students to the greatest effort, which will succeed.

I feel at the moment some little difficulty in what I am going to say. I should not have ventured to refer to it except under the counsel of one, whom I esteem as one of my best friends and at the same time one of the best friends of the hospital. I am proud to say that I have been the recipient of the greatest honour, which could have been conferred upon the treasurer, during the past year. My friends on the staff and the governors have placed my portrait upon the walls of the hall to be a lasting memorial of the work which it has fallen to my lot and pleasure to do. And their kindness went even further, as they did not forget Mrs. Wainwright, but presented her with a second portrait. I am also very much indebted to the artist, Mr. Bacon, who expressing the opinion that a replica of the official portrait would hardly be so suited to a private house as one representing me in a less formal position, offered to paint a second portrait. This he did in my house in the country, and it has given great satisfaction to every one who has seen it.

I have experienced unvarying kindness and sympathy throughout the whole time that I have worked for this hospital for which I am deeply grateful, for without it the treasurer's life, with its great responsibilities and really hard work, could not have been endured. I say hard work, well I don't wish to be egotistical when I give you some idea of the magnitude of St. Thomas's Hospital work. It was seldom that I entered my official room later than nine o'clock in the morning and I was seldom able to leave it before seven in the evening. That was a fair day's work and as *anno domini* crept upon me, as it creeps upon all, I felt the strain becoming too much. Happily the governors responded to my appeal and have given me a fellow worker in our secretary, to help me in my work. I have found him a pleasant fellow labourer and I believe him to be a most useful officer both to the hospital and the school. I trust I may be able to continue a short time longer, as long as my friends have confidence in me, the onerous duties of Treasurer of St. Thomas's Hospital. I thank you Sir and Gentlemen for your kind reception. It is a toast which we all regard with satisfaction and pleasure and I wish you all the brightest possible life. As a father of two sons, one

already embarked in general practice and another looking forward to it with pleasure, I was somewhat distressed by an article in the paper this morning. I will read it:—

Now, take the average day of that busy town practitioner, since it is with the hard-worked man that we have to deal with. Rising wearily from his bed, if he has been fortunate enough to reach it, before he has finished his breakfast, the shuffling in the Surgery and Waiting Room admonishes him to hurry if his work is to be done that day. Having dealt with the heterogeneous mass of humanity waiting, he is perhaps lucky enough to get on his round at eleven; the rest of the day, with a few minutes for lunch, is spent in paying perhaps twenty visits, and the tired Doctor returns home to dinner. Again the clamour in the other room warns him he ought to be in the Surgery, and leaving his half consumed meal, he works like a navvy until nine or ten, then has to hurry out again to re-visit urgent cases. Returning finally near midnight, he wonders if he may venture to ascend the stairs, and does so with ears straining for the clang of that awful night bell. Sure enough, just as his head touches the pillow and his eyes close in exhaustion, "clang!" goes the bell, and, hurrying on his clothes, he snatches up his bag, and the rest of the night is spent in toil—poor, worn-out wretch!

But looking around me this evening at the large body of general practitioners and old St. Thomas's men I notice their cheery and happy countenances and so am encouraged to believe that the life as described in the extract I have read is not a true account of their condition.

The Dean then said: The Chairman has already told me this evening that he has received a warning from the Secretary this year to be brief in his remarks. One point strikes me, upon which you are all to be congratulated this evening, is that you have as Dean of the Medical School on this occasion an ophthalmic surgeon. If there is one point, which strikes a medical student upon embarking in his work in the hospital, it is perhaps the extreme accuracy of observation and the brevity with which the ophthalmic surgeon records his observation. I shall endeavour to be accurate in my observations and at the same time brief. What I mean is that if I were to record my present feelings in ophthalmological language, I might express it briefly by the letters T.N. You all know what that means. Distress and strain upon me at the present moment in addressing you is about the average. I quite allow that this anxiety to be brief may lead to some confusion, if carried to excess. An

example of this was reported to me, it concerns our very distinguished ophthalmic surgeon Mr. Nettleship. It was his practice to ask a clerk working with him to record the notes while he took his observations. On one occasion he instructed the clerk to take the letters F. B. D. 3 M. A. This rather bewildered the clerk and he hardly knew how to record it. What he meant was patient's father's brother died three months ago.

The Corporation of the City of London has conferred upon Dr. Crosby the high honour of election as Senior Sheriff of the City. The Lord Mayor of London is a Governor of St. Thomas's Hospital and a member of the Grand Committee. I am very sorry that he is not able to be present here this evening. If any other lord mayors or sheriffs are required no doubt St. Thomas's will come to the front.

Mr. Ballance has been lecturing in this country and in America, and he has been honoured by H. M. the King and H. I. M. The Emperor of Germany with decorations.

Prof. Sherrington received the medal of the Royal Society for his researches in Biology.

Baron Takaki you will recall gave us a very interesting course of lectures in our medical school on the great work in the interest of the navies of our ally.

The fame of St. Thomas's is world wide. Recently an old lady suffering from cataract came to me and insisted that she had been recommended to come to St. Thomas's from the South of France and particularly instructed to seek out the services of Dr. Turney. I felt it my duty to use my best endeavours to persuade her not to embark on anything so hazardous. She told me that her husband was expecting this month This was intended to convey the information that this good gentleman had in his mind that he was to receive no less a sum than £16,000. This hardly seemed a suitable case for a hospital out-patient. I thought I ought to refer her to Dr. Percy Smith or to the Steward. I adopted the latter course and have not seen her since. She may yet have been treated in some kind of Home and Dr. Turney may even now be seeing her.

Many honours have fallen to us.

Mr. Johnson annexed the first Begley Scholarship of the Conjoint Board in Anatomy and followed up this success by winning the medal of the London University and obtaining honours in Physiology.

The standard during the last year has been of exceptional merit. I think it unlikely that, the percentage of successes has ever been so high from any medical school in London as has been obtained by our candidates during the last 12 months. This,

gentlemen, is a more reliable guide to the excellence of the work which has been done than any individual results. It is due to the teaching of the staff. The average ability of the students of the present day is not much greater or much less than that of yourselves.

Then the Treasurer has alluded to an important change which we have made in the administration of the school by the establishment of a school council, as he has told you, composed of governors, medical staff, and lecturers, and a representative of the University of London Senate. This is bound to be of great value in the carrying on of the work of the medical school. We have been fortunate in obtaining the services of Dr. Sandwith, who has been giving a course of lectures on Tropical Medicine. Mr. Sargent has been appointed a member of the Surgical Staff of the Hospital, and under his auspices an Out-patient Department for the treatment of the surgical diseases of children has been inaugurated. It is a sorrow to have to mention the loss we have sustained, and I would particularly recall the names of Mr. John Croft and of the late Steward, Mr. Walker. Each was in his own sphere a gentleman, who by faithful service earned a reputation which will not soon be forgotten. In regard to sports I do not think that I have anything which I could lay before you, which would give rise to any feeling of satisfaction or congratulation. Cups have been brought home this year for tennis and hockey. In other sports we can only hope for future success.

The *Gazette* is a publication which you all ought to support. It keeps you in closer touch with St. Thomas's and those who are working at St. Thomas's with you. I wish, gentlemen, the *Gazette* might be more supported than it is both financially and from a literary point of view,

Golf has engaged the attention of both students and staff. Matches have been played between teams representing these bodies and between the staff and the governors. The Treasurer has given great encouragement by presenting a challenge cup which is to be competed for each year by St. Thomas's men.

In the matrimonial market there is not very much to record. There is one little item to which I might allude, that is the marriage which has been arranged and which will shortly take place between our dermatologist and the daughter of Sir Frederick Bridge. Dr. Hawkins is responsible. He drove his friend to Carlisle and there deserted him to play golf, whereupon Stainer devoted himself to Bridge and declared hearts.

Motoring is a popular amusement amongst our staff. More than one has been hauled before the magistrates. The return of

accidents for the past month has not been published. Dr. Mennell bagged a cyclist. Still, our motorists are doing their best, and consider undoubtedly the best interests of the profession.

Well, I don't think, gentlemen, there is very much more I have to allude to. I have really to thank you for the manner in which you have received the toast which has been proposed by our Chairman. I do ask you to keep closely in touch with St. Thomas's, and assist the work which is being carried on there and do what you can for the School. A word here and there when you hear of a probable entrant to the medical profession may do much to help us at St. Thomas's. I do emphasise that point on this occasion.

I do not think, gentlemen, that there will be another year in which I shall have to inflict myself upon you as Dean. The last message which I will give you is, let your interest in this matter be prolonged, do not let it ever be lessened, and each and all of you stick close to St. Thomas's.

Dr. Seaton proposed the health of the Chairman in the following words :—Like others this evening I have been told to be as brief as possible, but I must be allowed some three or four minutes at any rate to say something of what I should like to say about our honoured Chairman. You have heard him spoken of by the Treasurer as a distinguished organiser. That he is no doubt, and we also know of him, those of us here who are in Public Health Service, and I see several around me, as a very great statistician. The name of Arthur Newsholme is a fit follower and disciple of William Farr. He has many of the great qualities of that great leader in Public Health. I remember when I was first qualified I was a member of the Epidemiological Society, and whenever there was a discussion there upon Cholera, it was a safe draw for the old Indian veteran authorities in the Army. They would come there, and there was one very famous leader, one of the heads of the Medical Department, the surgeon-general who used to demolish his enemies, vanquish his opponents by counting his observations, and, after that, he would dive into his vest coat pockets and produce a sheet of paper and he would say, "now I will give you a few statistics." We knew we were then in for a good ten minutes sleep. Dr. Newsholme following the lead of his predecessor has introduced vitality into his statistics. That is perhaps why he calls his first volume "Vital Statistics." In addition he has had that great facility for lucid expression. He has been gifted in other ways which constituted him a great state statistician. He has been independent—I can give you an instance—He once set himself to work to show what the influence, if any, was of the meteorological conditions upon the occurrence of epidemics of diphtheria. I think

when he came to the end of his observations he found that though the Clerk of the Weather may have a good deal to say on the occurrence of these epidemics, the Medical Officer of Health seemed to be nowhere at all, and though it would be against him to abolish such observations, he did so all the same. That is an instance of his perfect independence in his statistical work. He has also been extremely practical. As you all know he has taken a very prominent part in the fight that has been waged with tuberculosis. All would say that Bulstrode and Newsholme have done about as much towards devising practical measures for the prevention of that terrible disease as anybody in this country. There is a good deal more I should have liked to have said, but as my friend has got to reply, I will just make one suggestion to him. We read something in the papers at this time of the year, and there is a good deal of nonsense published. He is credited with having expressed himself somewhat pessimistically about the birth rate. I want him to take an optimistic view and tell us that there is not only going to be a very large increase in the juvenile population, but that a very large number are going to select the study of medicine, and that they will all choose the very best possible School for their study, namely St. Thomas's, so that in the near future the staff and lecturers of this most excellent school will really be rolling in riches on account of the large increase of fees that will come to them. With these few words I shall ask you to drink to the health of our Chairman. I think I may say that he is a talented physician, an excellent public official, and a good fellow.

Dr. Newsholme replied.

I have not the remotest idea of imposing another speech upon you at this time of the evening, but I must confess some slight disappointment at the altered change of mind of the gentleman who has been kind enough to propose this toast. I have always associated the name of Dr. Seaton with the notion of a man who has had most good and well polished judgment, a man who carefully weighed his words. This evening he has turned over and become a rank partisan and expressed himself in the most reckless language. He has also been very seductive in endeavouring to draw me into certain traditions. The temptation is great but I am not going to fall into it, but I will content myself with thanking you for the kind words and for the toast. I would like to say that I appreciate very highly indeed the distinguished honour of presiding at this gathering. It will always be to me one of the most treasured in my life.

This terminated the official toast list but the feeling of general satisfaction found vent in the drinking of the health of the secretaries whose exertions had ended with such conspicuous success.

The following is a complete list of those who were present :—

- | | | |
|---------------------|-------------------|----------------------------|
| J. E. Adams. | A. W. Hooper. | A. E. Stevens. |
| P. J. Atkey. | E. Hobhouse. | E. Stainer. |
| | C. T. Harris. | P. W. G. Sargent. |
| R. H. Bell. | H. P. Hawkins. | H. A. Sansom. |
| H. T. Bulstrode. | H. H. Heffernan. | W. H. C. Staveley. |
| W. A. Bowring. | T. H. Haydon. | L. W. Sedgwick. |
| C. R. Box. | J. Hewan. | E. Solly. |
| W. H. Battle. | A. C. Hudson. | R. P. Smith. |
| C. A. Ballance. | Col. Hall. | F. M. Sandwith. |
| G. L. Bates. | J. P. Hedley. | E. C. Stabb. |
| A. Bevan. | | A. Stabb. |
| A. Banks. | R. C. Jewesbury. | W. J. Sheppard. |
| S. H. Belfrage. | E. C. Jones. | W. G. Sutcliffe. |
| W. A. Bond. | W. M. Jackson. | C. G. Seligmann. |
| Capt. Brackenridge. | | M. H. Spencer. |
| E. C. Bourdas. | J. E. Ker. | J. Smith. |
| A. B. Bradford. | J. E. Kilvert. | S. J. Sharkey. |
| | P. King. | E. C. Seaton. |
| E. M. Corner. | | H. Simpson. |
| T. B. Crosby. | R. Lake. | H. S. Singleton. |
| W. S. Colman. | H. Low. | E. A. Saunders. |
| N. Carpmael. | J. B. Lawford. | |
| F. F. Caiger. | H. B. Luttane. | W. H. Tate. |
| H. T. Crosby. | H. C. Lecky. | J. G. Turner. |
| C. F. Coxwell. | J. R. Lunn. | S. D. Turner. |
| A. E. Cox. | G. W. A. Lynch. | H. G. Turney. |
| S. M. Copeman. | | W. Tyrrell. |
| A. H. Copeman. | H. J. Marriage. | |
| C. J. Cullingworth. | A. J. Macevory. | W. L. Wainwright. |
| | W. F. Manners. | C. S. Wallace. |
| H. H. P. Dawnay. | G. H. Makins. | R. Whittington. |
| J. V. de Denne. | C. Mattei. | E. F. White. |
| A. N. Dickson. | Z. Mennell, Senr. | E. E. Ware. |
| L. S. Dudgeon. | Z. Mennell, Junr. | F. R. Walters. |
| H. R. Dean. | W. J. C. Merry. | R. M. Williams. |
| T. A. Durrant. | D. K. McDowell. | T. Wakley. |
| | | R. H. P. Whitmarsh. |
| F. Fowler. | L. E. C. Norbury. | |
| T. A. M. Forde. | A. Newsholme. | GUESTS OF COMMITTEE. |
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| | C. Powell. | |
| J. R. Harper. | | REPRESENTATIVES OF |
| W. Haward. | E. Roberts, | <i>The Times.</i> |
| W. J. Harper. | A. E. Russell. | <i>The Lancet.</i> |
| H. E. Hewitt. | H. B. Robinson. | <i>The British Medical</i> |
| A. B. Howitt. | | <i>Journal.</i> |

*The Anæsthetic Technique for Operations on the Nose and Throat,
based on Lectures delivered during the Sessions 1905-6 at the
North-East London Post-graduate College.*

THIS is the title of a little book by Dr. A. De Prenderville, who is Senior Anæsthetist to the London Throat Hospital, and as such must be considered an authority on the subject.

The author states that as "Specialism in its highest sense is needed in nose and throat surgery, so too it has become necessary for the anæsthetist to specialise," and he says "there seems some probability that in the near future men will devote themselves more and more to limited specialism in this connection." While not agreeing with the author as to the desirability of such limited specialism, there can be no doubt that the more an anæsthetist works with an individual specialist, whether it be nose or throat, ophthalmic or abdominal surgery, the better will be the ends achieved. After such introductory remarks the author gives a chapter on "Preparation of Patients."

This is all very interesting, but not from an anæsthetic point of view, for the anæsthetist certainly does not see one per cent. of his patients before the time fixed for the operation. So that "to insist upon preliminary alkaline douching of the nose for some days beforehand," and many such like instructions, seem somewhat out of place in a work on anæsthetics, especially as the author, after giving these instructions for a "preliminary nasal toilet" and a dental overhaul and general clean up of the oral cavity as a prelude to nose and throat operations, says, "this is a question in which the anæsthetist has no voice."

The author objects to the practice of giving beef tea four hours before an operation, and says it has nothing to commend it, although he approves of chicken jelly and beef jelly when there are special indications for its use. In early morning operations anæsthetists are unanimous in saying "No breakfast of any kind," unless the condition of the patient demands something in the middle of the night, in which case it is difficult to see what can be better than a cup of beef tea, which, if not of such great value as milk, has the merit of leaving very little residue in the stomach and helping to wash away whatever residue may have been left by the last meal. All these details seem to have little to do with the technique of nose and throat operations apart from the preparation of patients for

anæsthesia for operations in any other part of the body, and the same may be said of the next chapter on the Sterilisation of Apparatus.

In the chapter on Posture the author discusses the Dorsal or Supine and the upright, and the various modifications of each, often adopted by different operators for the many different operations on the upper air passages. He very truly says "the anæsthetist is not always consulted as to posture." "The Dorsal posture, regarded by one school as ideal for all operative measures on the nose and throat, is anathema to another." He instances an operator desiring the Dorsal position for an adenoid operation which if a central clump needs removal from the pharyngeal vault can be accomplished in a few seconds by the dexterous use of Gottstein's knife and forceps, or by the former weapon only." For such an operation he says "we must arrange for an available anæsthetic period of 40 seconds. To this end we choose nitrous oxide gas."

The author describes how nitrous oxide is administered for nose and throat operations with a Doyen's gag *in situ* and fairly widely open, with the face piece applied over it. He pushes the gas until "the breathing becomes noisy or stertorous and slight jactitation marks the physiological limit." He tells us: "We may, if we desire to increase the length and depth of narcosis, close the expiratory valve from time to time during the administration and so allow to and fro breathing." Now the average available anæsthesia of nitrous oxide after removing the face piece is 30 seconds so that one would expect that any method which would increase the length and depth of the narcosis would be used on every occasion of simple nitrous oxide anæsthesia for throat operations for however dexterous the surgeon may be, any increase of the 30 seconds would doubtless be welcome. At the same time the writer doubts the value of to and fro re-breathing of the gas as only very slightly prolonging the anæsthesia at the expense of increasing the asphyxia and consequent jactitation. There is nothing so much appreciated by the surgeon as complete stillness during anæsthesia but with nitrous oxide any attempt to increase the average of 30 seconds anæsthesia is at the risk of diminishing the stillness. The author says: "It is quite easy for an expert operator to do a great deal under nitrous oxide, much more indeed than is generally thought possible with this agent, but to accomplish this, the anæsthetist has to play the rôle of chief and only assistant: he must hold the gag in place, fix the head, sponge out the throat, press up the tonsils and generally associate himself with the work in hand." The author continues: "The whole procedure is so rapidly got over, that a plethora of assistants would simply impede matters and create

disorder. From first to last the anæsthetist has the patient under *his sole control* (the italics are mine), and if he understands his business, the series of events that follow each other in such rapid order, will mark a sequence free from hitch or trouble of any kind." From the foregoing quotation it is clear that the author considers that the duties of anæsthetist and assistant to the operator should be carried out by the same individual. The "*raison d'être*" of the present volume is apparent chiefly from this point of view. The author writes a useful chapter on the Armamentaria of the throat and nose Anæsthetist, giving several illustrations; but the one quite indispensable instrument—Junker's chloroform inhaler—is illustrated without the little taps which control the amount of air passing through the chloroform and so control the strength of the vapour for inhalation. This improvement was introduced many years ago, and the writer considers it by far the most valuable of the many improvements of the original Junker's inhaler.

A chapter is devoted to the "Gas-Ether-Chloroform Sequence" for throat and nose operations. There are no special points in the administration of gas and ether which do not equally apply to operations on other parts of the body. "When the classic signs of full etherization are present—fixed pupil with mid-dilatation or full, abolished conjunctival reflex, noisy automatic respirations, with blowing out of cheeks—the patient is ready for operation. In general a gas-ether sequence as described will give unaided an available operative period of about three minutes. Armed with a Junker and mouth tube, we must be prepared to *maintain narcosis with chloroform* if signs of returning consciousness manifest themselves. Any attempt at movements must be met with chloroform." "To what extent this should be pushed will depend largely on the degree of movement." The writer prefers to start a low percentage of chloroform (say about 1 per cent.) directly the ether inhaler is removed, so as to avoid the necessity of suddenly pushing a strong vapour should movements occur. If a weak chloroform vapour is kept going from the time the ether inhalation has ceased, movements are much more quickly controlled by a safe percentage of chloroform than by pumping in chloroform intermittently, and the latter method is certainly safer, for even a few inspirations of a high percentage of chloroform vapour not unfrequently lower the blood pressure to an alarming extent. On movements occurring the temptation to the anæsthetist is to use a strong vapour, but if about 1 per cent. is started quickly upon the ether it will be found seldom necessary to go beyond 2 per cent. to completely control movements. The writer never uses the gas-ether sequence if he can possibly avoid it in the class of cases under discussion. Still it is occasionally

advisable to do so ; for instance, in the case of considerable feebleness from chronic toxæmia in a case of purulent disease of the Antrum of Highmore, and even then he would prefer the ethyl chloride-ether-chloroform sequence, ceasing the ether directly full anæsthesia occurs, and continuing with chloroform. He never uses ether in operations on the upper air passages unless the state of the patient makes it appear that it would be unsafe to commence with chloroform. He believes that chloroform alone will be much more generally used for these operations when apparatus for the control of the percentage of the vapour comes more generally into use. The author does not even mention the few modern instruments by which definite percentages of chloroform may be administered. It is true, of course, that when the patient is anæsthetised, and the operation is commenced through the mouth or nose, such instruments above alluded to, requiring a closely-fitting facepiece, are no longer available for administering accurate percentages of the drug, but there is no reason why these instruments should not be used for blowing a definite percentage of chloroform—1, 2, 3, or 4 per cent.—into the upper air passages, allowing for its dilution with the air drawn in through the open mouth. The writer has used the Vernon Harcourt percentage inhaler in this way with a hand bellows, and has found that pumping in a 1 per cent. solution of chloroform vapour to the open mouth during an operation for the intra-laryngeal removal of papillomata, in the upright position, maintained a good anæsthesia in children from two to five years, while a smaller or larger percentage can be used for younger or older children. It is quite astonishing what a small percentage will keep an infant absolutely quiet for an intra-laryngeal operation if that percentage is inhaled almost continuously throughout the operation. The question of the "upright posture" for operations brings us to the most important part of the book under review. The author alludes to the more recent researches as to the causes of death from chloroform, and concludes that: "Given a skilled administrator, it may be confidently affirmed that chloroform *per se* is not an unsafe narcotic for operations in the upright posture" "To what extent and in what way it should be used must depend, of course, largely on the physical condition of the patient and on the amount and character of the work to be done. That no case, the subject of well-marked cardiac trouble would be submitted to operations in this position." "As a matter of experience suitable cases do well with chloroform in almost any pose, provided always that we bear in mind and put into practice the cardinal rules that must always guide us in dealing with this agent." "In special regard, therefore, to chloroform as applied to the upright posture, we may summarise our knowledge by the following conclusions:—1. To overcome the initial tendency

to vagal irritation, and so to obviate all danger of cardiac inhibition." "To this end anæsthesia may be best induced by gas alone, by gas and ether, by ethyl chloride and ether, by ether alone (an unpleasant alternative for the patient, and therefore not generally to be commended), or by the C.E. combination."

"2. To be exceedingly cautious as to overdosage." "When once narcosis has been well established by any of the methods mentioned above, a small amount of chloroform vapour will, as a rule, suffice to maintain an even anæsthetic balance."

"3. To avoid haste when dealing with chloroform or C.E. mixture, *ab initio*." "When the preliminary measures with gas or ether, &c., have not been pushed sufficiently, and we are continuing with chloroform, we must proceed warily until tolerance is fully established."

To the foregoing rules the writer has no criticism to make, but he looks in vain for the author's views as to the administration of chloroform pure and simple in the upright or any other posture for throat and nose operations. Every anæsthetist knows that if a patient is at first narcotised with ether the anæsthesia may be continued with chloroform without that amount of lowering of blood pressure that occurs when chloroform is used from the beginning. As Dr. Hewett says: "The ether bolsters up the heart against the depressing effect of the chloroform." But such an administration is only keeping up an anæsthesia with chloroform which has been brought about by ether and the chloroform is given because the ether cannot be continued. The author does not appear to advocate the administration of chloroform pure and simple from the beginning of any operation. Does he commence with gas and ether in such cases as thyrotomy or intra laryngeal operations in children for papillomata? He must have a large experience of these cases at a London throat hospital. The recent investigations as to the dosage of chloroform and the improvement in instruments for its control by the administrator have added so greatly to the safety of this drug that few anæsthetists use anything else for intra laryngeal operations.

The author concludes his book with a short chapter on shock and blood loss and immediate post operative treatment. He says "As regards the drug treatment of shock, I have never personally had occasion to have recourse to it." Strychnia probably is not only useless, but even harmful (quoting "Lockhart Mummery"). In spite of these views the writer thinks that a great majority of surgeons and anæsthetists continue to use strychnia. The author advocates the use of adrenaline intravenously or aseptic ergot subcutaneously.

Intercurrent Diseases from a Surgical Aspect.

By LEONARD W. BICKLE, F.R.C.S. Ed.: *late Hon. Surgeon*

Adelaide Hospital.

UNFOTUNATELY there appears to be no definite rule by which the sufferer from one disease may be spared afflictions other than the usual complications or sequelæ of the complaint in chief. It might reasonably be hoped that the sufferer from tubercle might be spared the ravages of cancer, or the encroachments of hydatids, or that the miserable condition of the diabetic would not be further accentuated by the agonising pains of carcinoma superadded. The removal of diseased ovaries might lead one to hope that a womb thus relieved of a source of irritation would be freed from the ravages of malignancy or of sarcoma. Further one would not expect an aneurism to hide itself behind the symptoms and signs of a very evident stricture. But that these untoward events do arise is only too true and to the surgeon it must always be a question of interest as to how far one diseased condition covers another and whether both or all are relievable by operation or how far it is justifiable to go in operating for one diseased condition when other matters may be unfit for the knife.

In the following brief paper I shall content myself with narrating a few curious coincidences, not with the intention of attempting to make any special deductions therefrom but rather with the view of contributing a few facts bearing upon an interesting subject and one of which we have much to learn.

Diabetes, Pregnancy, Carcinoma. The first case I will relate is one of diabetes in a woman with twin pregnancy, which required the artificial induction of labour at the 8th month, followed some time later by carcinoma of the right breast, the removal of which was followed later on by secondary deposits in the liver.

Spinal Caries, Hydatid. Next a case in which the pus from a spinal caries presented as an ordinary inguinal bubo in a youth admitted into hospital with gonorrhœa. Later on a hydatid of liver developed and was operated on and cured before the spinal abscesses ceased discharging.

Hydatid Cancer. Next a case in which a woman suffering from hydatids of liver developed a cancer of the liver at the same time.

Ovarian Tumour, Sarcoma. Next a case in which a woman relieved of a huge multilocular ovarian cyst, developed sarcoma of the body of the uterus.

Stricture, Empyema, Aneurism. Lastly, a case in which a man operated on for stricture and extravasation of urine, followed by septic pneumonia and empyema, was suffering from an aneurism, only discovered when it ruptured on the operating table.

CASE I.—Mrs. M. *et.*, 44 years multipara. First seen in January, 1900, for some abdominal pain which readily yielded to treatment. She had missed two periods, but did not think herself pregnant. Complained for some months past of trouble with her water—had to pass it so often. On examination the urine was found to be sp. gr. 1032—much sugar. With it all patient was very stout, and there was a pelvic tumour, but so lateral that I doubted it being an ordinary pregnancy until quickening, and hearing the foetal heart decided matters. The sugar was uninfluenced by dieting or by treatment. In July she was in such distress that I called in Dr. Rogers in consultation, as I considered induction of labour imperative. Dr. Rogers concurred with me, and by the introduction of a bougie and firm packing of the vagina labour readily came on. Under chloroform I delivered her of twins (one male, one female). It was a difficult task, as one child presented by the breech and the other by the shoulder. Recovery was uneventful, but the sugar persisted.

In the early part of 1903 she again came under my care with a large malignant growth in the right breast. She was much thinner and still passing much sugar. I advised removal and amputated the breast, cleaning out the axilla. Union occurred by first intention, and all stitches were out, and she was up by the tenth day. Chlorotone was given before the operation, and there was no post anæsthetic sickness.

In 1904 I saw her again, and found her suffering from a huge growth in the liver—still much sugar. The scar of the old operation was freely moveable and free from induration. Dropsy rapidly ensued, requiring tapping, and death mercifully ended her sufferings a few weeks later. Recurrence began in the scar during the last week of life. There are several points of interest in this case:—

- I. Pregnancy in a diabetic.
- II. Successful induction of labour and recovery under this condition. Both children lived.
- III. The incidence of carcinoma of the breast.
- IV. Amputation of breast and union by first intention in a diabetic.
- V. Recurrence of carcinoma of breast in the liver.

CASE II.—R. W., *æt.* 18 years, admitted into Victoria Ward, Adelaide Hospital, under my care for gonorrhœa and bubo. The bubo was apparently an ordinary inguinal one of left side, and was incised and drained with gauze. As it did not heal kindly a probe was passed but failed to touch bottom. A long probe was equally unsuccessful, and from the direction it was evident that the pus came from the lower part of the spine. He was allowed to go home at his own request to rest there, and the wound to be dressed by the District Nurse. A few months later he was readmitted in a desperate condition with a huge collection of pus on the right side. This was opened under cocaine, as a general anæsthetic was out of the question. Like the left side, which was still open, the probe passed towards the spine. Whilst in bed in the Hospital, I noticed a small lump in the hepatic region. This rapidly enlarged and I diagnosed an hydatid cyst. On cutting down on to the tumour it turned out to be a large single cyst without any daughter cysts. It was treated by combined tube drain and gauze packing, and healed nicely without any suppuration although both inguinal regions were still discharging pus.

In March of last year (1904), when recruiting at Largs Bay, after an accident, I came across the patient as "boots" at the hotel. He had some stiffness of the lower part of the spine, but told me he was quite well and both wounds were soundly healed. The points of interest are:—

- I. That the abscess from a spinal caries should point in the groin when a gonorrhœa was present.
- II. That a second abscess should point in the other side.
- III. That a hydatid should develop in the liver at the same time.
- IV. That the hydatid wound should heal without pus, and yet have two foci so close at hand.
- V. Final, complete recovery.

CASE III.—Mrs. K., *æt.* 37 years, came to me in 1897 with a tumour of liver which I diagnosed as hydatid. The cyst was packed with daughter cysts, and the ectocyst was more or less calcareous, and, as often happens in these cases, discharged bile profusely for weeks and weeks. In 1898 she came to me again, the sinus of old operation still discharging pus. There was another very evident cyst and a small hard lump as well. She was very anxious to have both tumours treated at the same time. The second hydatid was suppurating, and the other tumour turned out to be a carcinomatous mass about the size of half an egg. This shelled out readily with the finger, but the hæmorrhage was frightful. It was checked by

firm gauze plugging. The second hydatid wound healed readily, and I have a strong impression, which I shall be glad to hear other opinions upon, that the wound of a suppurating hydatid tends to heal rapidly and well. The patient lived about two years, dying from a recurrence of the cancer. The first wound (hydatid) was still running. The points of interest are :—

- I. Persistence of sinus of a non-suppurating hydatid, with
- II. The formation of a second hydatid and cancer of the liver at the same time.
- III. The prompt healing of the wound of the second or suppurating hydatid.

CASE IV.—Miss K.—came to see me in 1892 suffering from a large abdominal tumour. This I considered to be ovarian. An abdominal section was done and a large multilocular cyst, very adherent to intestines and quite fixed in Douglas's pouch, was removed. Although the bulk of the tumour was on the right side it sprang from the left and the pedicle was tied on that side. An inflamed tube and cystic ovary of the right side was removed as well. The case has always been a puzzle to me as I felt sure both tubes and ovaries were removed. In 1897 she came to me again, complaining of losing too much. There had been a regular slight monthly flow ever since the operation 5 years previously. I advised curetting and the curette brought away soft brain-like material which independent microscopical examination declared to be sarcoma. I advised hysterectomy and removed the womb per vaginam. It was bulky and no easy task in a virginal vagina. To my surprise a tube full of pus and an ovary also were present and were removed. The patient is still alive and well. The points of interest are :—

- I. The occurrence of sarcoma in the body of the uterus several years after the removal of an ovarian cyst.
- II. The early recognition and removal and survival for eight years without recurrence.

NOTE.—May, 1906. Heard quite recently patient still well.

CASE V.—Charles B., 49 years, Austrian. Walked into Ward, 12-3-01—T. 99°, complaining of pain in heart and left side of back and some trouble with his water for which a catheter had been required (Urine no Albumen). Had had shivering attacks every few days—similar attack 18 years ago—not since. Quite well up to three weeks since—occasional pain in left side but not enough to prevent working.

On admission the examination report reads :—

Circulation. Heart's action rapid, no murmur.

Lungs. Normal.

13th. Rigor—urine passed naturally.

14th. Rigor " " "

15th. Rigor—pus in urine.

21st. Rigor—first since 15th.

25th. Rigor—pus in urine.

27th. Much pain in micturition, scrotal swelling—transferred to surgical ward under Dr. Shepherd who let out the extirpation of urine by free incisions.

29th. Signs of gangrene behind scrotum.

The gangrene spread and part of base of bladder sloughed away. Septic pneumonia supervened with signs of fluid in R. side—pus was demonstrated by syringe.

Dr. Shepherd being away, I was asked to operate for the empyema.

The patient's condition was bad but the emptying of the chest promised relief and I rapidly resected a rib. Some stinking pus came away and on inserting a finger to explore the cavity on separating an adhesion an enormous quantity of bloody fluid escaped. The operation was hurriedly completed and the man removed to the ward where he shortly expired.

At the post-mortem the body literally cracked across on moving it, and the man was found to have been suffering from an enormous dissecting aneurism of the descending aorta with erosion of vertebræ. It was evident that without the assistance of my finger, rupture into the *plura* would soon have occurred. The heart was not hypertrophied and the valves were apparently perfect.

It is literally astounding to think that a man could have been going about in that condition and at work within two months of his death. In a recent number of the *Medical Review*, a somewhat similar case is recorded, save that no surgeon had the cruel shock I had in this case, as in the other case rupture occurred into the pleural cavity.

The post-mortem bore out the correctness of the clinical examination in the medical wards as to the apparently normal state of the heart. The explanation of the absence of hypertrophy would seem to lie in the fact that the descending aorta being affected, no special strain would be put on the heart as in the case of aneurism of the arch of the aorta.

Such, Gentlemen, are a few of the most striking coincidences that have impressed themselves on my memory. If they do one thing more than another, they impress on us the necessity for careful clinical examination in every case. Doubtless many of you present have come across equally striking cases. Whether in the future any good can result to the human race from the consideration of these coincidences time alone will show. In the meantime, with some diffidence, I lay these rather disjointed remarks before you as a small contribution to a subject of surpassing interest.

ADELAIDE, SOUTH AUSTRALIA,

Read at the Intercolonial Congress, Adelaide, Sept., 1905.

REFERENCE.—*Medical Review, June, 1905.* Prof. Burr, University of Pennsylvania—case of aneurism simulating Potts disease. There was no heart complication and the aneurism ruptured into the pleural cavity. The general symptoms were much more severe than in my case.

Club Notices.

SWIMMING SPORTS.

This event, now fortunately an annual affair, took place at the Lambeth Baths on Thursday, July 12th, and proved as usual a great attraction.

Each of the eight events were well entered for, and although at the last minute many proved bashful and hid themselves in quiet corners, a very fair start took place in each case.

A conspicuous feature of this year's sports was the fairness and care with which the handicaps had been arranged, each race being keen and exciting to the finish.

The Secretary being somewhat hurried at the time, the following are the only results decipherable :—

1ST AND 2ND YEAR RACE—One Length Handicap—

- | | | | | |
|----|---------|-----|-----|----------|
| 1. | Overton | ... | ... | 2 secs. |
| 2. | Brandon | ... | ... | Scratch. |
| 3. | Pridham | ... | ... | 5 secs. |

POLO TEAM—One Length Handicap—

- | | | | | |
|----|---------|-----|-----|----------|
| 1. | Witney | ... | ... | 2 secs. |
| 2. | Wallace | ... | ... | Scratch. |

DIVING COMPETITION—

1. French.
2. Brandon.

PLUNGING COMPETITION—

1. Wallace.
2. Dudley.

ONE LENGTH (HANDICAP)—Polo Team excluded—

1. Marshall.

THROWING POLO BALL (HANDICAP)—

1. Dudley.
2. Wallace.

THROWING POLO BALL (Team excluded)—

Devas.

FOUR-LENGTH HANDICAP—

- | | | | | |
|----|---------|-----|-----|----------|
| 1. | Witney | ... | ... | 5 secs. |
| 2. | Wallace | ... | ... | Scratch. |
| 3. | Johnson | ... | ... | 8 secs. |

Perhaps the best contested events were the One Length Handicap and the Diving. In the first Wallace and Witney had a close and exciting struggle, and in the latter French and Brandon both did exceedingly well.

Dr. Perkins, ably assisted by Messrs. Rendle, Sanderson, and Bristow, acted as starter and referee.

The prizes being distributed, the crowds dispersed, after an enthusiastic vote of thanks to Dr. Perkins, to whose help and generosity both sports and prizes were mainly due.

CRICKET.

ST. THOMAS'S HOSPITAL C.C.—1st XI.

Five Innings and Over.

BATTING AVERAGES.

		No. of Innings.	Runs.	Times not out.	Highest Score.	Average.
Devas, H. C.	...	5	190	1	81*	47·5
Seymour, E. A.	...	11	268	2	52	29·8
Neild, F. M.	...	10	252	1	59	28
Holl, F. H.	...	8	171	1	100*	24·4
Weir, W.	...	7	142	0	59	20·8
Laird, W. B.	...	9	167	0	48	18·6
Dobell, D. C.	...	6	74	2	29	18·5
Shipton, W.	...	8	102	0	58	12·7
Barwick, R. L.	...	7	66	0	21	9·4
Hoare, N. S.	...	6	42	1	18	8·4
Mann, E. L.	...	5	22	1	21	5·5
Paddon, H. L.	...	7	23	1	10	3·8

* Signifies not out.

The following also Batted—

		No. of Innings.	Runs.
Morrison, M. W.	...	4	5—82—5—7
Bingham, R. G.	...	3	5—1—18
Dalglish, F. B.	...	3	0—59—1

BOWLING AVERAGES.

(4 Innings and Over.)

	O.	M.	Wides.	No. Balls.	Runs.	Wkts.	Av.
Devas, H. C.	9·8	1	—	—	59	5	11·8
Paddon, H. L.	78	16	1	—	271	20	18·5
Weir, W.	23	8	1	—	184	9	15·
Hoare, N. S.	85	4	0	1	261	18	20·1
Dobell, D. C.	23	4	1	—	166	8	20·7
Seymour, E. H.	55	4	—	—	296	13	22·8
Shipton, —	10	—	—	—	84	2	42·

The following also Bowled—

Dixon, A. N.	...	...	...	4 wickets for 25 runs
Neild, F. M.	...	...	...	1 „ „ 58 „
Footner, G. R.	...	...	...	1 „ „ 15 „
Footte, J. S. K.	...	...	...	1 „ „ 10 „

Results for the Season 1906 :—

Scratched—1. Matches played—8. Matches won—3. Lost—4.

Drawn—1.

The past season has not been as successful as might have been wished. We had a run of bad luck which started at the beginning in the first Match, and did not altogether leave us throughout the season, one of the matches being only lost by one run, though the score at the first made us the winners.

In the Cup Tie also Bart.'s were again our *Bête Noir*, although we certainly had every bit as good a team.

In the batting averages, H. C. Devas was easily top with an average of 47·5 for five innings, having some very fine “knocks,” especially at Haslemere (81 not out), practically winning the Match for us. It was a great pity he was not available for Cup Tie Matches. E. A. Seymour, who played six more innings, came second with a very good average of 29·8.

The latter has been a most consistent scorer throughout the season, however badly things were faring with the rest of the side.

F. M. Neild, although he has not such a good average as last year, has played with the same steadiness which makes him an invaluable member of any team, especially combined with his wicket-keeping and captaincy.

W. B. Laird ought to be very useful to the Hospital next year and has been batting in very good style during the past season, though he has not had the best of luck.

W. Weir can and has made runs this season and is a very useful change bowler, but we should like to see him more frequently in both matches and practices.

F. H. Holl has proved a very energetic Sec. for the team, and it is chiefly due to his work that the team has done as well as it has.

Although only coming out fourth in the Batting averages, he has played a keen game throughout. His 100 not out against Chiswick Park was quite the innings of the season.

In the field he has proved himself to be very efficient, and there is much to be learnt from him by the rest of the team.

D. C. Dobell and W. Shipton can both make runs in good style, but the latter is rather inclined to start forcing the game too soon.

The bowling averages are, taking them as a whole, not so good as the batting, and it is in this (which is certainly our weakest point) we more especially want improvement, but look for better things next year.

H. L. Paddon bowled excellently throughout the season and has a very good average of 18·5 for 20 wickets.

Unfortunately, N. S. Hoare, who has been for the past two or three years a staunch upholder of the Hospital team, has left us; he was a thorough all-round sportsman, turning up whenever he could, and doing his best to buck up the cricket, trying to instil enthusiasm into the half-hearted supporters. He will be no more available.

The fielding was quite good, though of course there is still room for improvement, but considering many of the matches were so early in the season, it reflects credit on the team.

Next year we will have practically the same men available, and together with any new men who may come up, must turn over a new leaf, and start afresh—if the present members will do all they can to assist—by winning the Hospital Cup—or at any rate being in the Final.—It is not impossible.

RUGBY FOOTBALL CLUB.

A trial game took place at Chiswick on September 29th, and we are glad to say that a more interesting game could not have been watched.

About 20 men turned out, and with the addition of six "soccer" men, quite a good game resulted.

Stripes won by 1 goal 8 tries to Whites 2 tries.

We are very much indebted to the "soccer" men for turning out and to H. S. Hall for kindly refereeing.

We hope all men will do their best to turn out regularly for the Hospital.

ST. THOMAS'S HOSPITAL RUGBY FOOTBALL CLUB.

MATCHES 1906-7.

FIRST TEAM.

DATE.	OPPONENTS.	GROUND.
1906.		
Sat. Oct. 6		
Sat. " 18	London Irish	Away.
Sat. " 20	Ealing	Ealing.
Sat. " 27	United Service	Portsmouth.
Sat. Nov. 3	Old Alleynians	Dulwich.
Wed. " 7	Royal Naval College	Chiswick.
Sat. " 10	Rosslyn Park	Chiswick.
Sat. " 17		
Sat. " 24	Civil Service	Chiswick.
Sat. Dec. 1	R.M.C.	Sandhurst.
Sat. " 8	Old Blues	Chiswick.
Wed. " 12	Royal School of Mines	Chiswick.
Sat. " 15	U.C.S. Old Boys	Chiswick.

	DATE.	OPPONENTS.	GROUND.
1907.			
	Sat. Jan. 5 ...	London Irish ...	Chiswick.
	Sat. " 12 ...	Old Whitgiftians ...	Chiswick.
	Sat. " 19 ...	Royal Naval College ...	Greenwich.
	Sat. " 26 ...	Catford Bridge ...	Chiswick.
	Sat. Feb. 2 ...	Ealing ...	Chiswick.
	Sat. " 9 ...	...	...
	Wed. " 13 ...	Cambridge University...	Cambridge.
	Sat. " 16 ...	Bedford ...	Bedford.
	Sat. " 28 ...	Hampstead Wanderers	Chiswick.
	Sat. Mar. 2 ...	...	...
	Sat. " 9 ...	...	...
	Sat. " 16 ...	Rosslyn Park ...	Chiswick.

"A" TEAM.

1906.			
	Sat. Oct. 6 ...	...	...
	Sat. " 18 ...	Molesey ...	Chiswick.
	Sat. " 20 ...	...	...
	Sat. " 27 ...	Old Paulines ...	Chiswick.
	Sat. Nov. 8 ...	U.C.S. Old Boys A ...	Chiswick.
	Wed. " 7 ...	...	...
	Sat. " 10 ...	Old Blackheathens ...	Blackheath.
	Sat. " 17 ...	Blackheath 2nd ...	Chiswick.
	Sat. " 24 ...	Boro' Road College ...	Isleworth.
	Sat. Dec. 1 ...	Rosslyn Park A ...	Chiswick.
	Sat. " 8 ...	Richmond, St. Mary's	Richmond.
	Wed. " 12 ...	...	...
	Sat. " 15 ...	Marlborough Nomads A	Surbiton.
1907.			
	Sat. Jan. 5 ...	...	...
	Sat. " 12 ...	Marlborough Nomads A	Surbiton.
	Sat. " 19 ...	Old Blackheathens ...	Chiswick.
	Sat. " 26 ...	U.C.S. Old Boys A ...	Isleworth.
	Sat. Feb. 2 ...	Wasps A ...	Away.
	Sat. " 9 ...	Molesey ...	Away.
	Wed. " 18 ...	...	...
	Sat. " 16 ...	Twickenham ...	Twickenham.
	Sat. " 28 ...	Merchant Taylors' School	Bellingham.
	Sat. Mar. 2 ...	Blackheath 2nd ...	Away.
	Sat. " 9 ...	Surbiton ...	Chiswick.
	Sat. " 16 ...	Three Banks ...	Away

Books for Review.

FIBROID TUMOUR. A new treatment for Fibroid Tumour and some other diseases of women without operation. By John Shaw, M.D., M.R.C.P. Swan, Sonnenschein & Co., Ltd. Price 2s. 6d. net.

We have given the full title of this work and we would add that it is inscribed "to suffering women and their responsible advisers," that it begins with a chapter explaining certain technical terms, and that it ends with a glossary. Obviously it is intended rather more for suffering women than their responsible advisers.

The purpose of the book is to advocate electrical and medical treatment for fibroid tumours, and to oppose surgical intervention. The writer uses the statistics of St. Thomas's (though he never mentions the Hospital by name) to show that there is a considerable mortality attending the operation of hysterectomy. We do not think he uses these figures in a fair scientific spirit, and though we have no intention of discussing the matter fully, we will give one little illustration. St. Thomas's men know that in 1901 the division into "cured," "relieved," and "unrelieved," was discontinued, and that this was done because of the opinion that it was essentially unscientific and unsatisfactory. This is how Dr. Shaw refers to the change—"1900 is the last date available for distinguishing between the cases regarded as 'cured,' 'relieved,' and 'unrelieved' respectively; after that date such cases are lumped together as 'discharged,' an innovation itself not devoid of interest."

A chapter in the book is headed "the Evidence of my Clinical Cases," but when we turned to it we were greatly disappointed, for instead of the positive evidence in favour of the treatment recommended which would be supplied by the careful record with full details of a considerable number of cases, we find only short statements by the Author of the wonderful effects produced by following his advice. The chapter indeed bears a too close resemblance to the pamphlets in favour of quack remedies, and while we do not for a moment accuse Dr. Shaw of being anything but sincere in his opposition to operative treatment, and in his advocacy of his own methods, we must express our regret that a book so essentially unconvincing and unscientific should have been published by an old St. Thomas's man.

LECTURES ON MIDWIFERY FOR MIDWIVES. By A. B. Calder, M.B. Baillière, Tindall & Cox. Price, 5s. net.

We suppose it is the natural result of the recent Midwives Act and the establishment of the Central Midwives Board, that a large number of books

should appear almost simultaneously, having as their object the training of midwives. Several such books have been reviewed recently in our columns. The present work differs from the others in that it is a reprint of the lectures which Dr. Calder is accustomed to give to his pupils. These lectures are obviously carefully prepared and well arranged, and as lectures we have no quarrel with them; but whether they form such a valuable book to put in the hands of midwives as a more systematic treatise is another question. All midwives are during their course of training perforce lectured to by someone, and in our opinion these lectures are best supplemented by a book based on systematic lines. For this reason we think the book will be helpful to other lecturers rather than to midwives not under Dr. Calder's tuition. It is not intended for students.

UTERINE FIBROIDS AND OTHER PELVIC TUMOURS. By Bedford Fenwick, M.D.
Published by E. H. Blakeley. Price, 8s. 6d.

This is a reprint of several papers published in various journals during the last twenty years. The papers have no obvious connection with each other, and we are unable to discover any particular reason for their republication in book form.

One paper deals with "the connection between Pulmonary Phthisis and Ovarian Disease." It was published first as long ago as 1886, and records Dr. Fenwick's opinion that there is a very close connection between tubercle and cystic disease of the ovaries, leading him to express himself in favour of the extirpation of the other ovary in all cases of ovariectomy. He concludes "I venture to believe that I have shown the distinct probability that the great predisposing cause of ovarian disease is a family tendency to phthisis, and that gestation may be an exciting cause," and "a hundred well-recorded histories would definitely settle the important points I have touched upon," but though that was written in 1886 and is now re-published twenty years later there are no further facts recorded in support of the views here expressed. It need hardly be said that the removal of both ovaries in cases of simple cystic disease of one is not the usual practice of surgeons. Nor in fact is it Dr. Fenwick's own practice as can be seen by a study of the paper at the end of the book, which is a record of four years' Hospital Abdominal Surgery, and which, we may add, contains some points of interest.

A MANUAL OF MIDWIFERY. By T. W. Eden. With 26 plates and 238 illustrations; pp. 518. London: J. & A. Churchill, 1906. Price 10s. 6d. net.

The object of this book is stated in the preface. It is "to set forth a concise account of the present position of the theory and practice of

midwifery." The book is not intended to compete with the large and exhaustive treatises which have been published recently in such large numbers, but to provide "a guide to that practical and adequate knowledge of midwifery which is essential alike to the student who desires to satisfy examiners, and to the practitioner whose early years of practice are often so largely occupied with obstetric work."

We are glad to express the opinion that Dr. Eden has succeeded admirably in carrying out the objects expressed in his preface. The arrangement of the book is good, an account of normal pregnancy being followed by abnormal pregnancy, then normal labour by abnormal labour, and then the puerperium, the new-born child, and finally obstetric operations. The writing is terse, clear, and concise, and the illustrations are good, throwing light upon the text, which is by no means always the case with illustrations.

Opinions will differ as to what proportion of space should be devoted in a work of this kind to different divisions of the subject. We are ourselves inclined to think that the practical side of obstetrics has been somewhat curtailed by Dr. Eden in comparison with the more scientific aspects. We imagine, for instance, that the student preparing for examination would feel more happy when he had supplemented the paragraph on the management of face presentations in this work by reading the corresponding pages in Herman's *Difficult Labour*. Again, in the description of abdominal palpation no precise instructions are given as to the position of the examiner in regard to the patient, nor as to the systematic character of the "grips" which should be practised. The illustrations here help out the text, but it is disappointing in the latest text-book not to find this part of the subject more elaborated. We hope it may be in the second edition, which will doubtless be soon called for, as the book is sure to become a recognized text-book, and can be confidently recommended to both students and practitioners.

STUDENT'S HANDBOOK OF OPERATIVE SURGERY. By William Ireland de C. Wheeler, M.D. (Dub. Univ.), F.R.C.S., Surgeon to Mercer's Hospital. Price 5s. net. (Ballière, Tindall & Cox, London.)

This new handbook will commend itself to those who are studying operative surgery on account of the clear and concise manner in which it is written, and also because of the excellent diagrams with which it is provided. All the common operations are dealt with satisfactorily, and the section devoted to intestinal surgery is particularly clear. The book is intended as an introduction and a guide book to operations, and should receive the attention of any student who is preparing for the final Surgery Examination.

SURGERY, ITS THEORY AND PRACTICE. Walsham & Spencer. Price 18s. net. (J. & A. Churchill, London.) Ninth edition.

The first edition of this excellent book was published in 1887 when its size was small, and the subject of surgery less extensive than it is to-day. New editions, however, have been issued every two or three years, and the authors have succeeded in keeping their book well abreast of the widely advancing lines of Surgery. We regret to note that Mr. Walsham died shortly after the eighth edition was published, so that the preparation of this edition has fallen to Mr. Spencer alone, but we are convinced that such alterations and additions as have been made, are well advised, including as they do no less than 126 new illustrations. The section devoted to diseases and injuries of bones and joints is particularly good, and is well supplied with diagrams and skiagraphs, while the general scheme of the book is devised on a principle which should render even a textbook on Surgery interesting to the beginner.

Examination News.

UNIVERSITY OF LONDON, July, 1906.

Preliminary Scientific Examination, Part I.—W. B. Laird, M. W. Littlewood, C. F. Schuler, F. R. B. Skrimshire.

Do. Inorganic Chemistry and Biology.—W. R. Fitz-Hugh.

Do. Experimental Physics and Biology.—H. R. V. Welch.

Do. Part II. Organic Chemistry.—F. C. Alton, K. D. Marriner, B. C. Maybury, W. L. Pink.

Intermediate Examination in Medicine.—E. F. Ballard, D. H. Caine, S. R. Gleed, J. R. Gyllencreutz, W. B. Johnson (*Scholarship in Anatomy*), E. W. Witney.

M.D. Examination.—T. Perrin.

D.Sc.—W. A. Sykes.

CHRONIC GASTRITIS.

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Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.





St. Thomas's Hospital Gazette.

No. 8.

NOVEMBER, 1906.

VOL. XVI.

Obituary.

ROBERT HAMILTON BELL died on October 28th, of pneumonia, after two days' illness, at the age of 35.

Dr. Bell came up to St. Thomas's Hospital in 1895 to complete his medical studies, after taking his arts degree at Cambridge. He qualified at the end of 1897, and was then house physician and obstetric house physician. After this he took the membership of the College of Physicians and the fellowship of the College of Surgeons.

Meanwhile he made a special study of gynecology and was appointed to various posts at hospitals in London. At the time of his death he was obstetric tutor and registrar at St. Thomas's Hospital, physician to out-patients at the Samaritan Free Hospital for Women, physician to out-patients in the diseases of women at the Great Northern Central Hospital, and assistant physician to the British Lying-in Hospital. In addition to the large amount of work this entailed he made many valuable contributions to the literature of his subject.

In his profession, at his age, we have promise rather than achievements to look to and in his case there was the sure promise of an honourable and successful career; success indeed was already assured when he died, for his reputation was firmly established with his colleagues, and in the profession generally his ability was rapidly gaining wider recognition. His reputation was founded on the straightforwardness of his character and the conscientious thoroughness of his work. His character commanded the esteem and confidence of everybody. His work was remarkable both for the immense amount undertaken and for the thorough way in which it was carried out. Considering the very high standard he set himself, it is wonderful that he was able to do the work of four hospital appointments and of his increasing private practice, and yet find time for the amount of original work he did in the last five years. For he spared himself no pains in the preparation of matter for publication, and his writings show the results of much diligent

research as well as accurate observation and original thought. The same thoroughness, which characterised his hospital work and his writings, gave him his success in teaching, aided no doubt by his personal charm and a genial sense of humour.

Dr. Bell's great gift was his sound judgment. All men who become distinguished have each some one quality pre-eminent among the many necessary for success, and all who knew Dr. Bell would point to his judgment as his most remarkable quality.

At Cambridge Dr. Bell had a good academic record. He took a second class in the Natural Science Tripos, narrowly missing the distinction of a first class. He mixed freely in the social life of the university and took full advantage of the intellectual and literary society there. He was not himself a noted athlete, but he took a keen interest in everything going on in the sporting world; his interests in fact were very varied and he had the faculty of becoming well informed on all subjects which interested him. He read a great deal and remembered what he read, but much of his fund of information was collected in the conversations and discussions of which he was very fond. He was a good talker and a sympathetic listener. Politics attracted him very strongly. He was a strong liberal and was always eager to defend the principles of his party and to apply them to the question of the hour. He took an active part in parliamentary and municipal elections and had well defined views upon the questions at issue.

Death has robbed us of one for whose character all had the greatest admiration. Kind, courteous and considerate to all, to his many friends he gave a whole-hearted devotion which none can forget, and his loyal friendship will remain a precious memory in many hearts.

Dr. Bell's death has all the sadness of its suddenness and of his youth. By only looking back a few days one sees his life full of work and energy, rewarded by growing prospects of success, one sees the charming happiness of his home, the love of many friends and the esteem of everybody. A sudden tragedy leaves us mourning for a friend we cannot replace.

Hospital Notes.

Mr. Clutton has been re-elected as president of the Clinical Society and Mr. Ballance has been elected president of the Medical Society of London.

* * *

Dr. Fairbairn has been appointed examiner in Midwifery and Gynæcology to the University of Oxford.

* * *

Dr. H. R. Le Sueur has been appointed examiner to the London Board of the Pharmaceutical Society.

* * *

Dr. W. E. Dixon has been appointed examiner in Pharmacology and Dr. T. Gregor Brodie examiner in Physiology to Cambridge University.

* * *

Two former students of the hospital have accepted the office of mayor—Dr. Henry Gervis at Brighton and Dr. F. Montague Miller at Hackney.

* * *

Reprinted from "The SEI-I-KWAI Medical Journal."

RECEPTIONS GIVEN FOR BARON TAKAKI.

On his return home from abroad after his six months' absence his friends and medical profession in Tōkyō and its neighbourhood congratulated his brilliant success by holding meetings and receptions in his honour. In these meetings, Baron Takaki always obtained approvals and cheers by addressing the members present with his usual eloquent speeches. In the reception proposed by the medical profession, Baron Saneyoshi, Surgeon-General K. Suzuki, Surgeon-General Yamamoto, Surgeon-Inspector Prof. Honda, Surgeon-Inspector Yabe, Dr. Takagi, Junior, Dr. Higuchi, Dr. Rokkaku, Dr. Gomes, Dr. Worden and sixty other notable physicians and pharmacists met in the Maple Club, Shiba Park, Tōkyō on the 21st ult, and after the *Banzai* for Baron Takaki, which was proposed by Baron Saneyoshi, the guest gave some observations during his trip.

The causation of lumbago is perhaps a simpler matter than we are led to believe. The other day a lady sent her son to inquire after their game-keeper who was laid up with lumbago, and after expressing his sympathy, he asked him how he thought he had got it. "Well," said Velveteens, "it's all this standin' about in damp woods wot guv it me!" "But," objected the young master, "lots of people have lumbago, my mother had it, and her ladyship does not stand about in damp woods." "Then you may depend on it, it's the beer!" was the ready diagnosis.

* * *

A parson complained to his doctor that the powder he had prescribed for his little son made his little insides make such a noise that it kept the whole nursery awake. The doctor thought a minute and then remembering that he had given him Pulv: Rhei Co., remarked, "I suppose it sets up a sort of Gregorian Chant."

* * *

It was a Cheselden night, and about six o'clock an eminent pathologist made his way to the medical school but failed to find the worthy Mead on duty. "Where is he?" said the pathologist. "He left early to-day, sir," was the answer, "I think he must have gone to this 'ere band of hope."

* * *

We offer our heartiest congratulations to Dr. E. A. Ross for his valuable monograph on cytodiagnosis recently published in the Transactions of the Pathological Society of London.

Dr. Ross deserves every credit for the careful and accurate deductions which he has drawn from the very large amount of material at his disposal. These experiments have shewn that cytodiagnosis is a valuable aid to clinical diagnosis and is perhaps the most valuable method known for the differential diagnosis of inflammation of the serous sacs. The work was done in the clinical laboratory and extended over a period of twelve to fifteen months.

* * *

When physicians despair
Of a sick millionaire,
And wonder whatever the matter
Can be,
By Pathology's aid
Diagnoses are made,
For it's only a matter
Of L. S. D.

The hospital will benefit to the extent of £1,000 by the will of the late Mr. Samuel Lewis.

* * *

Surgeon H. L. Norris, of the Royal Naval Medical Service, has been promoted to be Staff Surgeon.

* * *

A. G. J. Thompson, M.B., B.Ch., Oxon, has been appointed clinical assistant to the Chelsea Hospital for Women.

* * *

B. Poulton, M.D., has been appointed honorary surgeon to the Adelaide Hospital.

* * *

W. C. Mence, M.R.C.S., L.R.C.P., has been appointed certifying surgeon under the Factory Act for the Perranporth division of the county of Cornwall.

* * *

F. A. Brodribb, M.R.C.S., L.R.C.P., has been appointed district medical officer of the Bradfield Union, Berks.

* * *

J. R. L. Woods, M.R.C.S., L.R.C.P., has been appointed district medical officer of the Fordon Union.

* * *

A. C. Hudson, M.D., B.C., F.R.C.S., has been appointed second house surgeon at the Royal London Ophthalmic Hospital, City Road, N.

* * *

T. G. Longstaff has been granted the M.D. degree in the University of Oxford.

* * *

S. G. Macdonald has been granted the M.B. degree in the University of Cambridge.

Some Observations on the Breeding Ground of the Common House-fly and a Description of a Species of Moth-fly.*

By G. D. FRANKLIN, B.A., M.B., B.C. (Cantab.), Captain I.M.S.
Medical Officer, 8th Gurkha Rifles, Shillong.

FOR the last nine months I have been carrying out a series of experiments with a view to determining the breeding ground of "Musca," the common house-fly.

The method of procedure has been as follows:—

Wide-mouth bottles have been one-quarter filled with the material to be experimented with, and the mouth then closed by a piece of gauze tied with string.

The bottles were kept in a warm room during the night and put out in the sun during the day.

The material experimented with, was selected either because it actually contained larvæ, or because in the situation from which the material was taken, flies were found in large numbers.

Early in the experiments, it was observed that if the material selected was allowed to get dry, or if too dry material was selected originally, that the experiment gave a negative result.

In Shillong the cantonment trenching is carried out on the top of a hill, the soil of which is sandy and very dry.

This accounts, I think, for the negative result obtained in all the experiments carried out with material from this trenching ground. Four experiments were also made with night-soil, which had been trenched, and after a month dug up, and exposed to the air for 48 hours. It had undergone partial disintegration, but was still moist when first exposed. However, it apparently either dried too rapidly after exposure, or else had lost some special constituent or constituents, as it failed to serve as a breeding ground, and the four experiments gave negative results. At the same time material taken from various places, where latrine buckets were washed, and where there would be night-soil in a very liquid condition, in every experiment yielded positive results, "Musca," the house-fly being hatched out. This, in conjunction with the fact that "Musca" was not obtained, except extremely rarely, and then only single specimens, from other situations, such as near cookhouses, on dust

* Reprinted from *The Indian Medical Gazette*, Vol. XLI. No. 9, September, 1906.

heaps, etc., where the adult insect was found in great numbers, and where one would have expected that the house-fly would breed, lead one to suppose that night-soil was the material in which the house-fly commonly breeds, and that these other situations were only feeding grounds. With a view to testing this supposition, some night-soil was taken straight from latrine buckets and collected into a large flat receptacle. This was exposed to the air. In four days' time this night-soil was found to be swarming with larvæ. These larvæ were about $\cdot 42$ of an inch long; they were yellowish in colour, extremely active but with no distinct head. Within a period of 36 hours to one week these larvæ became pupæ.

These pupæ were about $\cdot 3$ of an inch long. They were light brown in colour at first, and gradually became darker till they were ultimately a deep dark brown.

The puparium was opaque, thick and brittle. A soft tissue paper-like inner coat could be distinguished at the cut surface. In eight days' time a fly emerged through a circular opening in the anterior end of the puparium. In the case of this same fly exactly eight days elapsed in the pupal stage in three other experiments.

This fly on examination was seen to be black with yellowish markings. It was of the size of the common house-fly.

The aristæ were flumose. The proboscis rounded and not adapted for piercing.

The curvature of the 4th vein was angular. The halteres were covered with a squama. The abdomen was composed of four indistinct segments, yellowish in colour and non-metallic. These are the characteristics of "*Musca*," the common house-fly.

At the same time numerous experiments were made with material from other situations where "*Musca*," abounds, but they were almost, without exception, negative so far as this particular species was concerned.

So far then as these experiments have been carried out to the present, they go to show that the breeding place of the common house-fly is in night-soil, and that these other places, such as refuse, heaps, etc., where the imago abounds, are only their feeding grounds. In the light of these facts and bearing in mind the capability of these flies of conveying bacteria, it would appear desirable to inhibit their growth as much as possible. For although one cannot say definitely that the common house-fly breeds only in night-soil, at any rate it breeds in great profusion in it and not in other situations where one would expect it to. I found that if night-soil was spread out thinly on a tray and allowed to dry quickly, that no growth occurred, and that even if the night-soil so

experimented with, already contained larvæ, that these died when the night-soil became dry. The addition of lime or perchloride of mercury also inhibited the breeding. With a view to at any rate diminishing the number of these flies and at the same time lessening the dangers which they, with their power of conveying bacteria, threaten, the treatment of all night-soil with either lime or perchloride of mercury, both of which are equally efficacious, seems to be a measure worthy of consideration.

It is too early in these experiments to lay down hard and fast rules, but there is, I consider, sufficient evidence to state that the common house-fly breeds in great profusion in night-soil and not in the vicinity of cook-houses, etc., where it is to be found in such vast numbers. These latter situations being apparently only its feeding grounds.

In the course of these experiments I have come across a species of the Psychodidæ (the moth-flies or owl midges, as they have been called), which, I believe, has not been described previously.

This moth-fly has been hatched out constantly from material taken from the neighbourhood of cook-houses, such as is found in the drain at the back of cook-houses.

The process of development from larva to imago is completed within 24 hours.

The larva is a whitish cylindrical maggot, active and about $\cdot 4$ of an inch long. It possesses a distinct head. There is a terminal breathing tube. All the internal organs can be clearly distinguished under the low power.

The pupa is about $\cdot 29$ of an inch long. There are well marked stigmata. The anterior part is dark brown, and the remainder regularly streaked dark and light brown. Under the low power various parts of the imago can be distinguished.

The puparium is burst irregularly at the anterior end, below and between the stigmata. It is brittle and thin and presents a streaked appearance.

The imago emerges from the puparium head first. It comes out quickly and at once begins to spread its wings. Even before this process is completed, it will sometimes run some little distance; and generally it runs some distance before taking flight. These flies are strong runners and moderate fliers; in the way that they suddenly, as it were, jump up, they remind one of the "skipper" butterfly; but their flight is of short duration and they quickly settle again.

The imago is about $\cdot 12$ of an inch long and presents a stumpy appearance, its breadth being considerable. Even when

looked at only with the naked eye, it presents a furry appearance. The wings are of a dark silvery grey colour, and the body more brownish.

The antennæ are easily seen. They have a bright silvery appearance. Under the low power, 13 segments can be distinguished, which are somewhat "heart" shaped. These segments gradually diminish in size towards the tip. Numerous long hairs spring from each segment, all trending anteriorly.

The proboscis is short.

The palpi are composed of four segments, on which the hairs are numerous, but short and spikey.

There is a thick bunch of hair on the occiput.

The thorax is short and thickly covered with hairs. The legs are comparatively short and sturdy. They are fairly regularly covered with shortish hairs; the terminal claw is small.

The wings are broad in comparison with their length. They are thickly covered with hair, and there is a long and very distinct fringe of hair round each wing. There are two well marked tufts of hair on the anterior margin of each wing, near the body. The first longitudinal vein is simple, the second forked, the third simple, the fourth forked, and the fifth, sixth and seventh simple. When not in use the wings lie in a slanting position on each side of the body.

The abdomen is broad, and composed of seven segments. The hairs on it are collected into stout tufts. The hairs all over the body are considerably coarser than those on the wings.

The external genitalia can be distinguished.

Experiments were made with these flies, with a view to determining their power of conveying bacteria. The bacterium experimented with was the bacillus typhosus. Two plates of earth were sterilised. One of these was infected with a pure culture of the bacillus typhosus. They were then placed some distance apart in a gauze cage, with a glass window. Some pupæ of the moth-fly were then introduced in a watch glass. When the flies emerged from the puparia, they could be seen flying backwards and forwards between the two plates of earth. After two days the flies were killed, and a culture tube inoculated from the formerly uninfected plate. In four days' time the appearance of the culture tube was as shown in the figure.*

A sub-culture made from the areas marked A and B, resulted in an apparently pure growth of the bacillus typhosus being obtained.

* It is unfortunately impossible, on financial grounds, to re-produce the plates which illustrated the original article.

A second experiment was made on the lines of the first one, and a pure culture obtained straight away. These results support one's supposition that the moth-fly is capable of conveying bacteria similarly to the house-fly.

This supposition is worthy of consideration, in the light of the fact that these flies breed and are to be found in such enormous numbers in the neighbourhood of cook-houses.

I wish to express my thanks to Captain Gourlay, I.M.S., Deputy Sanitary Commissioner, Eastern Bengal and Assam, for his help in these experiments, and also to Messrs. Bethell and Lynch, of my regiment, for their respective illustrations.

Hospital Assistant Mahadeo Parshad has been most helpful in collecting material, etc.

The Meditations of a Microbe.

"NO," said the old Bacillus, "things aint wot they was in the old days, not by a loopful. A free 'and we 'ad, take or leave it, no one worried about us. Germs, bless you, were things you saw on magic-lantern screens at Penny Readings—made the back row laugh to see a drop o'water magnified an' 'orrified the kids. Nice country to live in then 'an no messing about with us.

"Lord! wot times we used to 'ave! 'Arf a Gram of us going round o'nights chivvying stray wanderers, smashing cell-winders, an' busting through walls a-letting all the Reds out. Then nipping off innercent like as the Peelers rushed up, swearing we was only poor Coli as 'ad got lorst, an' please which was the nearest cut to the Ileum, 'an would they run an' stop them there narsty Cocci a-mucking up the traffic. Or we'd meet a sorsy young copper (calls 'isself a Polymorph now—like a disguised detective), 'an the rest of us 'ud hide 'an let 'im take tough old Typhe off on suspicion to the nearest Gland. Then we'd come an' hustle round an' 'e'd get flurried an' Typhe 'ud begin arguing, an' 'is languidge was poison. Then we'd have a little inquest, bag 'is nucleus, fill 'im up with platelets an' chuck 'im back into the traffic. 'Ow we use'd to laugh! Then we'd go a-looking for places where they was 'aving trouble among them-

selves, an' could we 'elp, being so to speak used to inflammation from a child. There wouldn't be enough material left to make a capsule of afore they recovered in time to get out the Anti's.

"Pore old Typhe! 'e couldn't gas like some of the rest of 'is gang, but 'e 'ad a devilish temper when roused an' no 'glutins near wot 'e said allus cramped 'is style. Quick on 'is feet an' a nailer for spuds. Larst I 'eard of 'im 'e said 'is own 'ome was getting a dashed sight too splenic for 'im, 'an 'e thought of emigrating.

"There wos old Tet, too, 'e wos a caution. Tough, an' a hartist in 'is way about wot 'e lived on, an' werry fond of 'orses, 'e was, "Son o' the Soil," we used to call, 'im, curled is 'air but didn't use scent like some o' these modern chaps. 'E'd shut up like a spore if 'e didn't like things, but 'e'd come out sometimes 'an enjoy 'isself if 'e was only in the right company. But there you are! 'nother good pal gone; said there seemed a dead set against 'im an' the 'ole place made too uncomfortable, so 'e's gone back to the land, as 'e put it. Allus nervous in 'is 'abits.

"No, things ain't wot they was, an' it gives me a fair sickener the way you can't 'av a quiet scrap on your own without dozens of dirty cocci chippin' in. Perlice too 'orty to worry about them nowadays. Look at 'em! stuck up with noo names an' their red an' blue spotted uniforms; they'll be saying next they 'ave their own pertickler job each of 'em an' can't be bothered scavanging common low coves 'as you can collar any day. Why, you dares'nt even trust 'an old giant-cell these times. Function? 'Oo the blazes worried about "function" as long as they 'ad their food?

"An' that ain't as good as it was. Tainted seems to me with some blamed preservative or something the 'ole place is flooded with. Quiet, ordinary cells turn repulsive as soon as you look at 'em. You can't settle down for a quiet rest in a decent Nodule without the dashed thing caseating, and all the old Foci closed down. . . .

"Drink? Of course I 'as to take to drink in self-defence. Drove to it, you might say. They all drink now in the force—"Temperence Opsonic Beer" they calls it—say it bucks 'em up. Disgusting, filling their bodies with filthy granules till they can't stick I'd like to meet the bloke wot invented it an' bite 'im in the spleen.

"No. Wot I says is, there's too much interfering in a free country. I'll 'av just another nip of Virulin an' go to bed."

Books for Review.

"CLINICAL LECTURES ON ENLARGEMENT OF THE PROSTATE." By P. J. Freyer, M.A., M.D., M.Ch. Third edition. (Ballière, Tindall & Cox, London.)

This series of lectures represents a re-written edition of Mr. Freyer's "Stricture of the Urethra and Enlargement of the Prostate" published some years ago, and the value of the book is greatly increased by this revision and addition, though the portion devoted to stricture is now omitted. We do not care to discuss the question as to the originality of the operation of prostatectomy, but as regards the results of it, those of the author are truly marvellous; out of 812 cases operated upon only 22 have died, and the remaining 290 have all been cured; it is also a source of satisfaction to be informed, on page 118, that among these 290 cures was included the case of an *eminent scientist*. A large portion of the book is occupied by detailed description of cases, but the lessons to be learnt from these could be secured with less laborious reading, and we do not altogether appreciate the reproduction of the various ways in which Mr. Freyer's patients thank him for his skill and kindness. The academic question of "total" or "partial" prostatectomy comes in for its share of notice, but no pathological details are given us in the lectures, except in the last, where it is stated that no prostatic tissue can be found microscopically after the complete operation, whereas we personally have seen cases in which specimens identical with those obtained by Mr. Freyer have been enucleated and yet the wall of the cavity remaining has exhibited prostatic tissue. Though we willingly admit that this book is full of good points, it would certainly have been better without the vituperations against several well known surgeons contained in the last lecture. The chapter devoted to the after treatment of prostatectomy is a valuable one, and a good point is made earlier in the work with reference to the "pre-prostatic pouch." Apart from the controversial points raised by the author this book will serve until a more scientific work is published.

"MUSCLES AND NERVES." By Louis B. Rawling, F.R.C.S., Assistant-Surgeon and Senior Demonstrator of Anatomy at St. Bartholomew's Hospital. Price 8s. 6d. net. (The Scientific Press, Ltd., London.)

An atlas of the superficial aspect of the human body consisting of four double plates. The left half of the plate shews the body clothed with normal skin and the right half exhibits the figure with skin and fascia removed, exhibiting the muscles and indicating the course of the more important nerves. This book is specially to be recommended to nurses and to those who are students of artistic anatomy, or who wish to learn sufficient for the study of massage. Its value would be increased if the author would add a fifth plate illustrating the face and the muscles of expression.

"THE USES OF X-RAYS IN GENERAL PRACTICE." By R. Higham Cooper, L.S.A., Medical Officer in charge of the Radiographic Department at University College Hospital, &c. Price 2s. 6d. net. (Ballière, Tindall & Cox, London.)

This little book discusses in a very straightforward way the value of X-Rays in diagnosis and in treatment, and should prove of value to any of those who, being in general practice, are out of touch with the most recent uses to which radiography is being put in various hospitals in this country and abroad. It should also be useful as a guide to any general practitioner who meditates the purchase of a small X-Ray outfit for use in his own practice as it very plainly fulfils the object for which it has been written. Apparently most human ailments have been treated by radiotherapy, and many are reported to have been cured, but the author of this book gives the reader the benefit of his own practical experience in a concise and readable form.

"MANUAL OF ANATOMY." By A. M. Buchanan, M.A., M.D., C.M., F.F.P.S. Glas., Professor of Anatomy in Anderson's College, Glasgow, &c. Vol. I. Price 12s. 6d. net. (Ballière, Tindall & Cox, London.)

This book is the first of two small volumes into which the whole subject of anatomy has been compressed, and in it are included osteology and a systematic description of the extremities. The bones are carefully described, and the origin and insertion of the attached muscles are clearly shewn in coloured diagrams interspersed throughout the letterpress. The first pages of the book are devoted to a description of terms with which the student meets at the beginning of his study of anatomy; and, while we never remember having seen these explanatory details so fully given before, it is certainly a debt which should have been paid long ago to the student of an almost new anatomical language. The volume contains many original diagrams, which are well executed and printed in colour. Unfortunately, the volume with which we have been favoured has been so bound, that to open it in the usual way reveals the print upside down; we hope this does not apply to the rest of the edition, and shall look forward to a more ordinary state of affairs when we receive the second volume.

"CLINICAL BACTERIOLOGY AND HÆMATOLOGY." Emery. 2nd edition. Price 7s. 6d. net. H. K. Lewis.

In its second edition this book has been brought up to date and considerable additions have been made to the text. As a guide to the student or practitioner in the interpretation of the methods of clinical pathology, it should prove of value. We are unable, however, to agree with the author on several points, for example, that film preparations are sufficient for the identification of the pneumococcus, or that a positive Widal reaction in typhoid fever normally persists for two years after the disease. The illustrations to the text are only moderately good, while the diagram (page 74) intended to represent a Widal reaction is rather calculated to mislead.

Club Notices.

THE RUGBY GAME.

It is with great pleasure that we notice this year a welcome return of that keenness for the game of Rugby Football which characterised our Hospital men in the last decade. For this year we are able to put on the field no less than three XVs. And, when one notices, as one has noticed these last two weeks, three teams posted on the club board with every man "crossed" by Wednesday morning, surely one may at least hope for a return of those days when the hospital cup had its domain over the mantelpiece in the club from year's end to year's end. But we would not stop here, but urge all men who do not as yet devote themselves to the athletic service of the hospital in some form or another to exert themselves to do their share in furthering the interests of the hospital by taking not merely an interest, but an active interest, in the hospital games this season.

S. THOMAS'S HOSPITAL v. LONDON IRISH.

This match was played on October 18th at Blackhorse Lane. The hospital team contained two new men and there were several changes in last season's team. Our forwards started off well, working hard and getting the ball, and Bingham, after five minutes play, with a dribble scored the first try, which he converted. Our forwards then began to "slack" and our line was crossed twice in quick succession. The game then assumed a very even aspect, but the Irishmen scored again just before half-time and the teams crossed over with the score standing at 9 points to 5.

The hospital again started well and played a sound defensive game, Petch being very conspicuous.

The Irishmen, however, having the hill in their favour, scored once more and so won after a very keen and hard game by 12 points to 5.

Team: H. V. Welch, E. L. Atkinson, L. B. Perry, W. H. R. Sutton, J. N. Wheeler, C. L. Petch, J. H. Crofton, R. G. Bingham, S. F. Dudley, F. N. Neild, N. W. Jenkin, W. Harmens, P. T. Harper, N. M. Ferguson, R. B. Abraham.

S. THOMAS'S HOSPITAL v. EALING.

This match took place at Ealing on October 27th, Custance, Overton and Jack taking the place of Ferguson, Perry and Welch. The game started very evenly, but Ealing got the ball out of the scrum, and kicking across the field, their wing three-quarter took the ball and scored far out, the kick failing. Soon after, Ealing again pressed and scored again, the kick again failing. Things were now not looking rosy, especially as Overton who had been playing well had to retire with an injury to his knee. At half-time Ealing led by 6 points to nil. On crossing over, however, our forwards started to play, Custance being especially prominent, and on several

occasions we forced Ealing to "touch down." Dudley was the first to score from a line-out; Bingham was unable to convert. The forwards then made many rushes and from one of these Bingham picked up the ball, passed to Sutton who passed to Wheeler who deftly scored between the posts. Bingham converted. The game was very fast after this, several times were both lines threatened, but no more scoring took place. So ended our first victorious match this season by 8 points to 6.

Team: R. S. Overton, E. L. Atkinson, W. H. R. Sutton, W. M. Jack, J. N. Wheeler, C. L. Petch, J. H. Crofton, R. G. Bingham, S. F. Dudley, F. M. Nield, N. W. Jenkin, W. Harmens, P. T. Harper, J. M. Custance, R. B. Abraham.

S. THOMAS'S HOSPITAL v. UNITED SERVICES.

On October 27th this match took place at Portsmouth. A very fast game resulted, but we were outclassed, especially outside the scrum. Our only score was a goal kicked by Bingham from a free kick. Welch played a very good game at back. The Services won by 32 points to 8.

Team: H. V. Welch, E. L. Atkinson, W. H. R. Sutton, W. M. Jack, J. N. Wheeler, C. L. Petch, J. H. Crofton, R. G. Bingham, S. F. Dudley, F. N. Nield, N. W. Jenkin, W. Harmens, J. M. Custance, P. T. Harper, R. B. Abraham.

S. THOMAS'S HOSPITAL v. OLD ALLEYNIAN.

This match took place at Dulwich on November 3rd, and resulted in a win for our opponents by 10 points to 5. Marshall was back again in the team. A very fast game ensued and twice we were over our opponent's line. From a forward rush, however, the Allynians scored and a goal resulted. After changing ends, Crofton scored an excellent try far out, which Bingham converted. The Allynians then rushed the ball and scored again from which another goal resulted. We struggled hard after this, but the ball became heavy and greasy which made accurate passing impossible. Soon after the whistle went and our opponents were left victorious. The whole team played well and hard. Bingham, Crofton, Petch and Cox were especially prominent.

Team: H. V. Welch, E. L. Atkinson, W. H. R. Sutton, E. H. Marshall, J. N. Wheeler, C. L. Petch, J. H. Crofton, R. G. Bingham, F. M. Nield, S. F. Dudley, N. M. Jenkin, W. Harmens, J. M. Custance, R. Cox, R. B. Abraham.

"A" XV. v. UNIVERSITY COLLEGE "A."

This Match which was played at Chiswick on October 20th proved to be rather a one-sided affair. We completely outplayed our opponents. Cowton played for the visitors who turned up three short. They never looked dangerous and we won by 4 goals, 15 tries (65 points) to nil.

The following scored for the Hospital: — Perry, 4; Skrimshire, 3; Bletsoe, 2; H. Treves, 2; French, 2; Cox, Witney, Irvine, Startin, Welch and Grimwade once each. Startin converted two tries; French and Cox one each.

Team: H. V. Welch, H. Treves, J. H. Bletsoe, L. B. Perry, M. L. C. Irvine, A. G. V. French, F. R. B. Skrimshire, J. Startin, R. L. Barwick, C. T. V. Benson, E. W. Witney, S. W. Grimwade, E. A. Seymour, R. Cox

"A" XV. v. OLD PAULINES.

This match was played at Chiswick on October 27th, and although we lost by 3 goals (1 dropped) and 2 tries (20 points) to 3 tries (9 points), the scores hardly represent the game which was a particularly even one. Our opponents scored first, a try which was unconverted. French then with a fine dribble from our "25" line, scored a try which was unconverted. The Paulines again scored just before half-time. On re-starting, French again scored, the kick failing. Soon after Seymour from a line out dashed over their line, but Startin failed to convert. From a scrum in our "25," one of their halves dropped a very neat goal with his left foot. We crossed their line twice after, but no tries resulted. And in our "25," owing to the scrum being crookedly formed, the ball found its way into their pack twice in succession, each resulting in a try between the posts, both goals being kicked. Startin, Cox and French played a good game for us, whilst Barwick, whom we magnanimously gave to our opponents, played well for the visitors.

Team: M. L. C. Irvine, R. C. Priest, L. B. Perry, H. Mohund, H. Treves, A. G. V. French, F. R. B. Skrimshire, J. Startin, R. Cox, C. T. V. Benson, F. C. Cowtan, H. D. Close, E. G. Fisher, E. A. Seymour.

"A" XV. v. U. S. C. OLD BOYS "A."

This match was played at Chiswick on November 3rd, and resulted in a win for our opponents by 2 goals and a try to nil. This was by far the hardest game we have played this season, the visitors playing hard and keenly on the ball, while the times the ball was either slung back to their three-quarters or kicked by our forwards were innumerable. Overton unfortunately injured his knee in the first half which prevented his running. This fact alone was responsible for the first two tries. Ferguson played a good game forward, while Bletsoe was indispensable at back after Overton's mishap.

Team: R. S. Overton, F. B. Treves, H. T. Treves, L. B. Perry, J. H. Bletsoe, W. M. Jack, A. G. V. French, J. Startin, C. T. V. Benson, A. C. Anderson, N. M. Ferguson, R. Cox, E. A. Seymour, P. Harper, R. L. Barwick.

"B" XV.

H. A. F. Wilson has been appointed hon. captain and secretary for this season. Several matches have been arranged. Two have been played, the remaining fixtures are :—

November 24th, v. Richmond IV. at Richmond.

January 12th, 1907, v. U. S. C. Old Boys "B" XV. at Isleworth.

The first match was an unfortunate one, in that our opponents were much stronger. Our opponents were the "A" team of the Goldsmith College. The match was played at Lewisham on October 20th. In the first five minutes Sington so injured his knee that he will be unable to play again this season. Another man was also wounded, and this so weakened our team that we lost by 94 points to nil.

Team: E. G. Fisher, F. C. Alton, S. HO., C. E. Whitehead, H. S. Sington, A. Treherne, A. Saunders, A. S. Pern, T. C. Archer, T. A. Weston, W. E. Pink, R. S. Minchin, C. J. Arthur, A. Esler, H. A. F. Wilson.

"B" XV. v. U.S.C. OLD BOYS "B."

This match was decided on November 3rd, at Osterley Park, and resulted in a win for our opponents by 11 points to 8. Our opponents scored almost at once, but no goal ensued. After some loose play Irvine scored, and Priest converted. Our opponents scored two tries after half-time, one of which was converted. Towards the end of an exciting game Todd ran over, but no goal resulted from the try.

Team: M. L. E. Irvine R. E. Todd, S. HO, R. C. Priest, T. C. Archer, F. Skrimphshire, F. C. Alton, E. W. Whitney, E. G. Fisher, A. S. Pern, C. E. Whitehead, C. J. Arthur, W. S. Pink, A. Esler H. A. F. Wilson.

ASSOCIATION.

S. THOMAS'S HOSPITAL XI. v. FARNCOMBE.

This match was played on October 18th, at Farncombe and resulted in our defeat by 5 goals to 1. It was the 1st round of the Surrey Senior Cup. The game started at a good pace, and we kept our opponents busy. Svensson scored soon after starting. Then "The Lillywhites" pressed and gave Gleed an exciting ten minutes in goal, during which they scored with a high shot, Gleed's attempt to stop it being ineffectual owing to the sun being in his eyes Svensson then became unpopular with their centre-half, which cost us three penalties. Farncombe scored three times in the second half, play having degenerated, and fouls being repeatedly given. Bowring, Johnson, and Gleed played a good game.

Team: S. R. Gleed, J. A. Clark, F. B. Dalglish, B. Gutteridge, H. Bowring, W. B. Johnson, H. W. Wilson, G. N. Brandon, R. Svensson, S. L. Walker, H. L. Mann.

S. THOMAS'S HOSPITAL XI. v. EMERITI.

This match was played at Chiswick on October 20th, and resulted in a win for us by 2 goals to 1. We started off with a rush, and kept their defence hard at work, but our shooting was erratic. Mann and Svensson played well together. Brandon scored the first goal. Just after half-time the Emeriti scored, but Svensson shot our winning goal soon afterwards. Dalglish played a good game, as also did Bowring, our new centre-half, and a very sound one too.

Team : S. R. Gleed, H. White, F. B. Dalglish, B. G. Gutteridge, H. Bowring, W. B. Johnson, H. W. Wilson, G. N. Brandon, R. Svensson, H. L. Mann, W. F. Sutcliffe.

S. THOMAS'S HOSPITAL XI. v. LONDON COUNTY ASYLUM.

This match was played at Bexley on October 27th, and resulted in a victory for us by 1 goal to nil. The game for the first half was in our opponents' half, Svensson keeping their goal-keeper busy, but to Sutcliffe goes the honour of scoring the only goal. Johnson played a good game for us.

Team : A. I. Cooke, H. White, F. B. Dalglish, B. G. Gutteridge, H. Bowring, W. B. Johnson, J. P. Lupton, G. W. Brandon, R. Svensson, W. F. Sutcliffe, H. D. Blandford.

S. THOMAS'S HOSPITAL XI. v. ROYAL DENTAL HOSPITAL.

This match was played at Chiswick on November 8rd, and resulted in a victory for us by 7 goals to 1. Our forwards started well, and Svensson opened the scoring with a hard shot. The game continued in our opponents' half, and Sutcliffe added another goal. The combination of our forwards was excellent, and one of their backs mis-kicking Svensson scored again. Before half-time Sutcliffe had added another goal to our score. Wilson scored the 5th goal after a fine dribble. The Dentals tried to rush, but it only resulted in Brandon scoring our 6th goal. The Dentals scored their only goal through our goal being empty, the goal-keeper being away, trying to keep warm by a dribble. Svensson, however, scored again soon after. Svensson, Sutcliffe, Wilson, and Bowring, were conspicuous.

Team : A. I. Cooke, H. White, F. B. Dalglish, B. G. Gutteridge, H. Bowring, W. B. Johnson, H. W. Wilson, G. N. Brandon, R. Svensson, W. F. Sutcliffe, H. O. Blandford.

2nd XI. TEAM.

The details of this team are scarce. Three matches have been played v. Manor House School, Old Cholmelians, and the Old Externes. All were lost. And the Secretary informs us "That the general excellence of the team is such that no invidious distinction can be made."

THE HOCKEY CLUB.

The annual meeting of the above club was held at the beginning of the session, with Dr. Box in the chair. The meeting was a small one, and lasted a short time. The only business done was to elect officers for the ensuing season. On the proposal of Mr. Sankey, which was seconded by Mr. Phillips, Dr. Box was re-elected president, the motion being carried unanimously with applause. Mr. Gemmall was elected Captain, and Mr. Windsor, Secretary. The meeting then closed with a vote of thanks to Dr. Box for presiding.

THE BOXING CLUB.

An informal meeting of the above club was held on October 31st. About a dozen men were present to hear Mr. Harper, the club's former secretary, make certain proposals about the coming season. It was also decided to engage Sailor Richardson as trainer and coach. The other business of electing officers, etc., was postponed till a president had been formally elected.

This club, which instils in one's mind the art of self-defence, deserves greater notice from the men of the hospital. For the fact that an inter-hospital boxing competition exists must not be forgotten, and although this club was extinct last year, it was in active existence the year before, and we hope that the attempt to put it on its feet again will meet with all the patronage and success it deserves. The professional engaged is a very good man, and takes personal interest in all members. He will be in the gymnasium from 3.30 to 5.30 two afternoons a week.

Examination News.

UNIVERSITY OF DURHAM, September, 1906.

M.D. Examination.—T. C. Rutherford, Capt. I.M.S.

Do. (for Practitioners of Fifteen Years' Standing).—E. J. Cross, M.R.C.S., L.R.C.P., D.P.H.

M.B. B.S. Examination.—D. M. Ross.

CONJOINT BOARD, October, 1906.

First Examination.

Practical Pharmacy.—G. S. Ashby, W. Deane, W. G. H. M. Verdon.

Second Examination.

Anatomy and Physiology.—S. Shephard.

Final Examination.

Medicine.—R. G. Bingham, *H. G. Cole, H. E. T. Dawes, *S. W. Grimwade, F. N. S. Hitchcock, F. H. Holl, *R. J. Mould, W. H. R. Sutton, *J. L. Wood.

Surgery.—*H. G. Bennett, *H. O. Blandford, *G. G. Butler, A. J. Cooke, *S. F. Dudley, A. C. D. Firth, *F. M. Nield, *A. J. S. Pinchin, *A. C. H. Suhr, *S. L. Walker, *C. E. Whitehead.

Midwifery.—S. Churchill, *S. F. Dudley, J. E. Ellcome, *S. W. Grimwade, *H. J. Nightingale, A. L. Sachs, G. A. Simmons.

* These gentlemen have completed their Final Examination.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

St. Thomas's Hospital Gazette.

No. 9.

DECEMBER, 1906.

VOL. XVI.

Obituary.

HAROLD WILSON died on November 20th at St. Thomas's Hospital at the age of thirty-two. Young as he was, Mr. Wilson had an exceptionally brilliant record. At the age of twenty-five he was appointed a member of the Pharmaceutical Society's board of examiners. He was a member of the executive committee of the British Pharmaceutical Conference and of the sub-committee engaged on the preparation, for the Pharmaceutical Society, of the "Compendium of Medicines."

In 1898, he was appointed Pharmacist to University College Hospital, and shortly afterwards became editor of the *Pharmacopœia* of that hospital. Three years ago he succeeded Mr. Edmund White as Pharmaceutist to St. Thomas's Hospital. In the new field thus opened to him, his great ability and his very remarkable energy gave sure promise of a still more brilliant future.

Unhappily, at the outset of what promised to be the most active period of his life, he was stricken with an incurable disease. At this time, when he must have known all too well that which the future held in store, he displayed a cheery courage which all must have admired. Bravely he struggled on during those last two years, and left with us a record of stirring courage and devotion to duty, beside which his professional achievements, exceptional as they were, must take a second place.

As an able and brilliant scientist he will be remembered by all. By those who knew him at St. Thomas's he will be remembered, above all, as a brave man.

Reprinted from the "British Medical Journal."

SAMUEL EDWIN SOLLY, M.R.C.S.ENG., M.D.DENVER.

THE news of the death on November 18th, at Ashville, North Carolina, of Dr. Samuel Edwin Solly, of Colorado Springs, will be received with great regret by many friends in this country.

Samuel Edwin Solly was the fourth son of the late Mr. Samuel Solly, F.R.S., Surgeon to St. Thomas's Hospital; he was born in May, 1845, and received his early education at Rugby. He became a medical student at St. Thomas's Hospital, then in temporary premises in Surrey Gardens in 1863, his father being at that time senior surgeon to the hospital, and in the enjoyment of an extensive practice

in the city. Edwin Solly was a diligent student, and obtained the diploma of M.R.C.S. in 1867. Shortly afterwards he was appointed Medical Registrar of St. Thomas's Hospital, and discharged the duties of that office with assiduity and success. His father, who had in the meanwhile removed to Savile Row, died in 1871, but the son continued to practise there until 1874, when failure of health induced him to leave this country and settle at Colorado Springs. He married an American lady, and became thoroughly identified with the medical profession of his adopted country. In 1886, he took the degree of M.D. Denver. He was well known as an authority on the climatic treatment of pulmonary tuberculosis and was the author of a handbook on medical climatology. He wrote many articles in medical journals and systems of medicine on the treatment of tuberculosis and on diseases of the throat and nose, with special reference to their relation to pulmonary tuberculosis, and he was also among the first to study the influence of altitude upon the composition of the blood. Dr. Solly was fond of travelling, and at one time was a frequent visitor to this country.

Dr. Theodore Williams writes: My first acquaintance with Dr. S. E. Solly must have been about 1867, when he was introduced to me by his father, Mr. Samuel Solly, F.R.S., the then well-known Senior Surgeon of St. Thomas's Hospital. Young Solly had taken his M.R.C.S. diploma, and was, I believe, assisting his father in his surgical practice; but after this he married and went to the United States, where he took the M.D. degree of Denver and settled at Colorado Springs—a rising high-altitude health resort which he did much to develop and improve. When I visited him there in 1892 he was one of the leading physicians, engaged in extensive practice, chiefly in diseases of the lungs and throat, and frequently summoned to distant consultations. He was also connected with a large sanatorium, and was at work on his well-known book on *Medical Climatology* which appeared later. He had created for himself a wide reputation throughout the United States, and had the active support of such authorities as Dr. Weir Mitchell and Dr. Vincent Bowditch, who entrusted him with their pulmonary cases. He was an active member of several of the American medical societies, and to show the confidence placed in his talents and high character by his American colleagues he had been elected president of no less than three of these associations. Dr. Solly was loved and appreciated by both colleagues and patients, and was a very good example of an English medical man changing his field of practice, and by industry and perseverance and careful adaptation to his surroundings achieving great professional and social success in the country of his adoption. His experience of pulmonary tuberculosis and of the effects of American climates was extensive, and the more valuable

because based on the statistics of well-kept records and communicated in a simple masterly style.

Few English doctors understood and appreciated our Transatlantic cousins better than Solly, and there is no doubt he owed much to his thorough knowledge of Americans and their modes of life. His gentle courtesy and kindness will long be remembered on both sides of the water.

Sir Hermann Weber, to whom Dr. Solly dedicated his excellent *Handbook of Medical Climatology*, writes: As a young man he showed a cultivated mind and a great love for the study of medicine, especially for the study of the influence of climate on man with regard to general development, health, and disease, and particularly its prophylactic and curative power on tuberculosis. He had a high opinion of the effect of residence at high elevations, and this induced him, if my memory is correct, to settle at Colorado Springs for the sake of a near relative. Dr. Solly was not only an accomplished, but also a sympathising physician and a warm friend.

DEPUTY SURGEON-GENERAL JULIUS WILES, A.M.D., who died on November 10th, at the age of 78 years, was one of the oldest students of the hospital.

He became a student of medicine in 1848 at the time when the hospital was still in St. Thomas's Street.

He joined the army in 1854, became surgeon in 1871, surgeon-major in 1873, brigade-surgeon in 1881, and retired in 1883 with the rank of honorary deputy surgeon-general. He served in the Crimean campaign from November 26th, 1854, including the siege and fall of Sebastopol and attacks of June 18th and September 8th (medal with clasp and Turkish medal). In the Indian Mutiny campaign he served from August, 1858, and was present with the force under Colonel Turner in the Behar district. He also served in the campaign of 1860 in China and was present at the actions of Sinhu and Taku and surrender of Peking (medal with two clasps). He embarked for the Gold Coast with the 2nd Battalion Rifle Brigade and served throughout the second phase of the Ashanti war in 1874, including the battle of Amoafu, battle of Ordahsu, and capture of Kumasi (medal and clasp).

ROLAND ARTHUR STEVENSON aged 38, died at St. Thomas's Hospital on November the 19th. He entered the hospital in 1893, and after qualification became house physician to the Brompton Hospital for diseases of the chest. He subsequently went to the Pinewood Sanatorium at Wokingham, Berks., as assistant medical officer, and was afterwards appointed medical superintendent.

Hospital Notes.

Mr. Ballance and Mr. Wallace have been appointed to the hon. medical staff of King Edward VII's Hospital for officers.

* * *

Dr. Newsholme has been appointed examiner in state medicine and Mr. Wallace an additional examiner in surgery to the University of Cambridge.

* * *

Preparations for the usual Christmas festivities are in active progress. The casualty tea will take place on December the 27th. The services of Mr. J. Wallace have been retained for the important post of Father Christmas, and the Christmas tree is to be of the usual stately proportions. The annual conversazione will take place on January the 27th. The preparations for this event are to have the benefit of Dr. Eyre's benevolent supervision.

* * *

PIERROT CONCERTS.

THURS.	FRI.	SAT.	MON.	TUES.
27TH DEC.	28TH DEC.	29TH DEC.	31ST DEC.	1ST JAN.
4—5 Christian	Adelaide	Ophthalmic	George	Alexandra
5—6 Elizabeth	Beatrice	—	Charity	City
6—7 Arthur	Florence	—	Edward	Leopold

On Wednesday there will be two Performances, 4—5.30 in Albert and 5.30—7 in Clayton.

* * *

We congratulate H. T. Gray on his appointment to the important post of resident medical officer at the Children's Hospital in Great Ormond Street. He will have as colleague another St. Thomas's man, N. R. Cunningham, who has been appointed house surgeon.

* * *

C. M. Page has added to an already formidable list of distinctions by annexing the Bristowe medal, with a record aggregate of marks.

S. F. Dudley has passed second into the Royal Navy medical service and J. C. F. D. Vaughan secured the fifth place on the list of successful candidates.

* * *

The Grand Committee have appointed the following :—

Resident assistant physician	...	...	H. R. Dean.
Resident assistant surgeon	...	...	J. E. Adams.
Resident medical officer to St. Thomas's	}	...	A. B. Bradford.
home			
Medical registrar	...	...	H. C. Squires.
Surgical registrar	...	...	L. E. C. Norbury.
Obstetrical registrar	...	...	J. P. Hedley.
Assistant in the pathological laboratory	}	...	W. O. Meek.
and demonstrator of morbid anatomy			

* * *

The following have been appointed house officers :—

Casualty Officers (from 1st January, 1907.—(Senior) A. W. Hooker.
(Junior) J. H. Drew.

Resident House Physicians.—H. C. Squires, A. N. Dickson, M. A. Cassidy, W. O. Sankey.

House Physicians to Out-Patients.—E. V. Dunkley, H. A. Philpot, C. E. Whitehead, H. G. Bennett.

Resident House Surgeons.—R. J. H. Cox, F. S. Hewett, A. B. Howitt, W. G. Howarth.

House Surgeons to Out-Patients.—C. M. Page, S. G. MacDonald, H. B. Whitehouse, R. L. Gamlen.

Obstetric House Physicians.—(Senior) C. R. B. Eyre.
(Junior) A. C. H. Suhr.

Ophthalmic House Surgeons.—(Senior) H. E. Gotelee.
(Junior) W. C. A. Ward.

Special Departments.—(Throat) F. B. Treves, J. Wallace.
(Skin) G. M. Huggins, S. L. Walker.
(Ear) E. L. Atkinson, G. G. Butler,
H. A. Kisch.

Dental.—H. W. Read.

Children's Surgical.—H. J. Nightingale.

Electrical Department.
X Ray Department. } H. A. Kisch.

The following pages have been extracted from the introduction to an edition of "The Elements of Medicine of John Brown, M.D.," published in the year 1795.

The introduction is the work of the editor, Thomas Beddoes, M.D.

IF those assemblages of human animals that constitute political societies, were arranged according to the nature of their occupations, one class would consist of individuals, depending for their support upon opinion. This class, being provided with a name of Greek origin, might be easily split into orders; of these orders the medical tribe would make one. We have the order broken into genera ready to our hands, of the distribution into species (which is more difficult) a specimen is subjoined. Our writer's present concern is only with the genus—*Doctor of Physic*. This genus we may subdivide into sections, or groups; as Linnæus sometimes manages with genera, comprehending a number of species.

SECT. I.

DOCTORS *as desirous, at least, of doing good and extending knowledge, as of amassing wealth.*

(1) The philanthropic DOCTOR, D. equally sensible of the importance and imperfection of medicine; compares the phenomena of health and disease with unwearied assiduity, that he may form a just arrangement of the actions of life, persuaded that this is the only sure guide in medical practice; cautiously tries new remedies, and abides by the best; beats the coverts of science, that he may himself start something useful; is humane in his conduct, not so much from sudden impulses of the passion of pity, as from a settled conviction of the misery prevailing among mankind.

Var. *α*. *The shy philanthropic D.* sick with disgust at the manœuvres of his intriguing brethren, runs into the opposite extreme, and keeps too closely retired from public notice.

Var. *β*.—*The renegade philanthropic D.*, possessing activity of mind and integrity of principles, relinquishes the practice of physick, partly for the same reason as Var. *α*, and partly from dissatisfaction with its helpless state; applies his talents to literature or science.

Obs. 1.—Several of the greatest accessions to human knowledge are owing to this second variety.

Obs. 2.—A careful examination and comparison of these two varieties, with some of the succeeding species, will elucidate the nature of those physicians, that have usually had great *local* vogue.

More frequent than formerly—not so apt to flourish in great cities—otherwise not confined to any particular situation. As self-love grows more enlightened, the more common will this species of

D. become, till it supplants all the others: man being an animal less liable to be duped as his ignorance decreases.

SECTION II.

D.—*Mere collectors of fees, regardless of medical science, given to artifice and intrigue, each species after its own manner.*

Obs. 3.—The bullying DOCTOR D. Inexorabilis, acer, looks big, struts, swaggers, swears.

Obs.—Surgeons, in our times, more frequently bear these marks. According to a most acute contemporary author, the famous Radcliffe was a compleat specimen of the bullying D. "With small skill in physic, and hardly any learning, he got into practice by vile arts. He would neglect a nobleman that gave exorbitant fees," and to heighten the insult by contrast, "at the same time carefully attended a servant or mean person for nothing—he was surly and morose, treated his patients like dogs—extended his insolence even to the Royal Family—scorned to consult with his betters on what emergency whatever; looked down with contempt on the most deserving of his profession, and never would confer with any physician who would not pay homage to his superior genius, creep to his humour, and never approach him with the slavish obsequiousness of a court flatterer."

3.—*The bacchanalian DOCTOR D., given to sottishness, if not to drunkenness—generally somewhat of the bully.*

4.—*The solemn DOCTOR D., with garb, voice, gestures, and equipage, contrived to overawe weak imaginations, and hide the futility of his art.*

(*bs. 1.—D. of this remarkable species first practised physic with pomp; they invented or borrowed from the other professions those barbarous habiliments, of which ridicule has but lately stripped physicians. In times, when an huge wig or a flowing gown could more effectually command respect than sound morality, substantial justice, or useful skill, the stratagem succeeded to admiration.*

Obs. 2.—D. of this species, when a pretext offers, speak ostentatiously of their experience—never suspecting any of their hearers may know that there are understandings which multiplicity of appearances serves but to confound.

5. *The club hunting DOCTOR D. frequenting the crowded haunts of men; pushing himself forward, saluting all he knows, and all who will know him; talking much and loud.*

Obs. In England D. of this species have of late been frequently seen in paroxysms of frantic loyalty, and of civism in France.

6. *The burr* DOCTOR D. fastening himself upon you as tenaciously as the heads of the noisome weed (*centaurea calcitrapa*), from which the trivial name of the species is taken, fix upon your cloaths.

Obs. Nothing in art, but the juggler's address in making you take what card he pleases out of a pack, equals the dexterity with which D. of this species force themselves on patients.

7. *The wheedling* DOCTOR D. with an everlasting smirk upon his countenance frequent at the polite end of large cities, and at places of fashionable resort.

Var. α. *The Adonis wheedling* DOCTOR D. with an handsome face; joined to the wily address, characteristic of the species—flourishes at watering places; sometimes joins to his profession the trade of a fortune hunter; and if he succeeds, “gives physic to the dogs.”

Obs. 1. D. of this species when most moderate, prescribe for every rich patient two draughts a day, and one night draught, beside pills and powders. Hence needlessly to swallow nauseous drenches may be numbered among the curses of wealth.

Obs. 2. *The Adonis* D. has sooner or later a patient of note, ill of a fever or some disease, that usually terminates favourably; in case of recovery the female busy bodies of the place, exert their spirit of cabal in behalf of the wonder working youth, and his fortune is made.

8. *The case coining* DOCTOR D. publishing forged or falsified cases.

Obs. “A very fertile source of false facts has been opened for some time past. This is in some young physicians, the vanity of being the authors of observations which are often too hastily made, and sometimes, perhaps, very entirely dressed in the closet. We dare not at present be more particular; but the next age will discern many instances of perhaps the direct falsehoods, and certainly the many mistakes in fact, produced in the present age, concerning the virtues and powers of medicines.” CULLEN, *Mater. Med.* I., 153.

Akin to this flagitious abuse is the practice of purchasing false attestations, on oath, for advertisements; and what is still worse in effect, though not in intention; a custom beginning to prevail among persons of distinction—who cannot be supposed capable of discriminating diseases, or deciding on the efficacy of drugs—but who, nevertheless, permit Quacks to use their names in testimony of cures, which they suppose themselves to have witnessed.

9. *The good sort of man* DOCTOR D. a good sort of man, armed, by some mistake, with a diploma.

Var. α. *The gossiping good sort of man* D. fetches and carries scandal.

Obs. Varieties numerous as the hues of the chamaeleon.

10. *The Sectarian* DOCTOR D. dwelling among his own people at first ; and by them often pushed on to spread devastation among the rest of mankind.

Obs. Varieties manifold ; each distinguished by the livery of its sect—one is too curious to be omitted.

Var. α. *The inspired Sectarian* DOCTOR D. believing himself to be inspired with the knowledge of diseases and remedies.

In civilized countries not much more frequent than witches. Among rude tribes, as among the Tartar hordes, a kindred variety is universally found. See Gmelin's Travels. But these seem rather to pretend to inspiration, than really to believe that their deity serves them in the capacity of Prompter : and they conjoin the characters of priest and conjurer with that of physician. I have not been able to ascertain whether our variety receives the afflatus, except in its medical capacity : and the miracles it has wrought in this, are not so perfectly authenticated, as to silence cavillers.

Obs. People are now-a-days delicate in giving recommendations on some occasions ; but the best bred persons make no scruple of pressing a favourite physician or apothecary upon their acquaintance. Yet one would think that they are nearly as competent to speak to the merit of a footman, as of a prescriber or compounder of drugs. Sects sometimes improve this propensity into a regular system of cabal. The deeper the hypocrisy, or the wilder the enthusiasm of the Sectarian DOCTOR, the more eagerly will his brother fanatics dash through thick and thin to serve him. Now, as belief or disbelief in certain points of theology, has no apparent connection with skill in the administration of antimony, mercury, opium, and bark, we may deduce from this fact a rule which is probably as little liable to exception, as any that be laid down on the same subject. *Never call in a physician BECAUSE he is recommended by a person of the same Sect ; the more you are urged, be the more on your guard against the snare.* This rule extends to all daemoniacs possessed by the corporation spirit, and to all sets of persons remarkably gregarious.

Observation.

Concerning this decade of doctors, there remains a caution to be laid down ; and that it may make the greater impression, I shall deliver it in the style of my models, the naturalists. Notandum in toto hoc genere naturam mirabiles edere lusus. It is indeed applicable to all the species ; individuals being apt, like hybrid plants, or mule animals, to exhibit the mark of two species, wholly or in part.

Medical and Physical Society.

ABSTRACT of paper read by Dr. A. E. Russell on November 8th, on "The Etiology of Epileptic and other Convulsions."

The paper was devoted to a consideration of the theory of cerebral anæmia as affording a reasonable explanation of the epileptic fit. This theory is an old one but has been discredited and relegated to oblivion. A perusal of the current views on epilepsy conveys the impression that while an immense amount of thought has been given to the phenomena of the fit and to the discharge from the grey matter, the cause of the discharge has been unduly neglected. Yet the intensity of the epileptic fit bespeaks a cause of marked suddenness of action and of potent influence over the grey matter. It is very difficult to conceive that such a cause should not be a very striking one, and one moreover capable of demonstration. Before the theory of cerebral anæmia could be established it must be shewn firstly that cerebral anæmia is competent to account for the various manifestations of a fit and secondly that there is evidence of the occurrence of such anæmia in the brain at the moment of occurrence of a fit.

The theory of cerebral anæmia explains the unconsciousness accompanying an epileptic fit.

Excluding for the moment the aura, and it is noteworthy that it is frequently absent, the first feature in an epileptic fit is sudden loss of consciousness, so sudden that the patient may fall with the utmost violence. This loss of consciousness is not caused by the convulsion. It precedes it in point of time, and in strychnine poisoning and in tetanus the spasms may be every whit as severe as those of idiopathic epilepsy but are not attended with unconsciousness. The explanation that is submitted is that this is due to a sudden arrest of the cerebral circulation. That cerebral anæmia would be an adequate explanation of the unconsciousness is obvious. We see examples of it in fainting attacks, after severe hæmorrhage, in cases of bradycardia such as Stokes Adams Disease, etc. Sudden unilateral anæmia of the brain is also sufficient to produce sudden unconsciousness, as in embolism of a large cerebral artery.

The pathology of the common fainting fit resolves itself into a cerebral anæmia due either to lowered general blood pressure from splanchnic vaso dilatation, or to actual cardiac inhibition, the former being probably by far the commoner. In those fainting fits in which the patient falls suddenly it is possible that the underlying cause is an actual temporary arrest of the heart, and transient spasms do occasionally occur in such attacks.

Convulsions can also certainly be produced by cerebral anæmia as proved by the classical experiments of Kussmaul and Tenner.

In the days when bleeding was a constant practice convulsion was noted by Marshall Hall to be the most familiar complication with the exception of syncope.

It is clear that the most potent cause of a sudden cerebral anæmia would be a sudden arrest of the heart. There are a very large number of cases on record in which convulsive movements were associated with exceedingly slow pulse or temporary cardiac arrest, and cardiac arrest has also been noted in epilepsy. Moxon describes two cases. In one he was examining a patient's pulse when it suddenly stopped and the cessation was followed by a typical epileptic convulsion. In another case he was auscultating the heart when, to his great surprise, the sounds ceased and the arrest was followed by convulsion. The writer has reported a similar case in which the pulse was found to be absent immediately after the onset of unconsciousness and did not return until the commencement of clonic spasms.

It has been suggested by Dr. Francis Hare that epilepsy may be due to such cardiac arrest occurring as the result of a reflex vagus inhibition of the heart following upon a rapid rise of blood pressure from wide spread vaso-constriction. The circulation in epileptics is subject to rapid variations and it may be that in them the vaso-system is hyper sensitive. Irregular vaso-motor changes would afford an explanation of the aura which may precede the onset of a fit.

Whatever be the immediate factor precipitating an epileptic fit, it is one which is very transient in its action and speedily recovered from. On the supposition that cerebral anæmia is the active agent in precipitating a fit, recovery is explained by the return of the circulation. If it be due to a vagus arrest of the heart it might be asked why the heart should not stop permanently. It is however a physiological fact that stimulation of the vagus nerve only produces temporary cardiac arrest and that there is a practically irresistible tendency for the heart to recommence beating even during the stimulation—the so-called vagus escape of the heart.

In the case of infantile convulsions the similarity between them and those of idiopathic epilepsy is so close that the probability of a similar factor underlying the two conditions must be considerable. The vaso-motor system of the child is much more unstable than that of the adult and the ease with which emotional disturbance and shock are produced is notorious. Such a factor might be as suggested abnormally sensitive vaso-motor and cardio-motor systems with a ready liability to attacks of vagus inhibition. If this factor is brought into play only a few times we have the ordinary infantile convulsions. If however it is brought into play over and over again chronic epilepsy is the result.

The convulsions met with at the onset of acute infections in childhood are worthy of discussion. Under similar conditions rigors are frequent in the adult; so much so that it is almost an aphorism that under such conditions a convulsion in a child is the equivalent of a rigor in an adult. The writer has however seen a convulsion at the onset of pneumonia in a non-epileptic adult. A rigor is associated with marked cutaneous vaso-constriction with pallor and sensation of chilliness. The sensitive cardiac and vaso-motor system of the child may not be able so readily to compensate for the rise of blood pressure thereby induced and cardiac inhibition may be produced instead, with a resulting convulsion. It is to be noted that the old established method of cutting short convulsions in infancy by means of immersion in a warm bath would cause vaso-dilation of the skin and thereby help to relieve the blood pressure.

The influence of fright in precipitating an epileptic fit is interesting. Gowers states that "of all the immediate causes of epilepsy the most potent are psychical—fright, excitement, anxiety. Fright is effective chiefly in early life when emotion is so readily excited." When we bear in mind that fright exerts its influence on the cardiac and vaso-motor systems we see that this fact harmonises with the theory that epilepsy is due to a cerebral anæmia produced either by direct cardiac inhibition or vaso-motor spasm of the cerebral vessels.

Vaso-motor spasm of the cerebral vessels has been brought forward as a cause of epilepsy and in the past has had many adherents. For a long time it was stated that the cerebral vessels did not contain nerve fibres but this has been disproved.

The phenomena of Raynaud's disease find adequate explanation in extreme vaso-constriction in the affected parts. The cerebral complications which sometimes occur in this disease are explicable on the grounds that a similar constriction occurs in the cerebral vessels. Osler records the case of a woman who with three of her attacks of Raynaud's disease had transient aphasia with partial hemiplegia. Perfect recovery followed each attack. In another case severe epileptic attacks were associated with the attack of Raynaud's disease.

It is quite possible that cerebral vaso-motor spasm may account for the phenomena of *petit mal*. Cardiac arrest is certainly not necessary for the production of such attacks, as the pulse persists during them.

The pathological changes that have been described as occurring in the brains of epileptics are not so great but that they might well be secondary to the repeated attacks of cerebral anæmia followed by the extreme congestion of the cerebral vessels brought about by the convulsive movements, and the concomitant asphyxial character of the blood resulting from the spasm of the respiratory muscles.

The Medical Courtship.

By E. DARWIN.

From the Athenæum, July, 1807.

In Manhood's dawn, when first soft hairs begin
To yield a timorous umbrage to the chin ;
Reimarus pray'd, Ye powers celestial hear,
Send me a wife, and bless the loving pair.

Her favourite youth the blue-eyed goddess spy'd,
" Father of gods and men, oh Jove ! (she cry'd)
" Grant me unerring wisdom to employ,
" And chuse a damsel for my favourite boy."

The Godhead nods—and at her wing'd command
Before the youth three Sister-beauties stand,
Each with soft words his tender bosom warms,
And hand in hand display their rival charms.

First gentle *Botany* the swain address'd,
One early rose-bud blushed upon her breast,
She bade the Spring for him her sweets unfold,
Green'd the young herb, and dip'd the flower in gold.

Next pensive *Chemia* lifts the magic wand,
And changing forms obey her waving hand ;
Metallic trees advance their silver stems,
Bud into gold, and blossom into gems.

Last young *Anatome* steps forth, and throws
The clouds of superstition from her brows,
Harmless she smiles upon the crimson knife,
Untwists each nerve, and treads the walk of life.

He viewed, he sigh'd, alternate passions burn ;
Each courts, and each is courted in her turn.
" These are my handmaids," health-rob'd *Med'cine* cries,
And steps all-radiant from the bending skies.

Grace sat upon her cheek, and o'er her head
Immortal youth his blooming honours spread ;
Science for her his treasur'd ores improves,
And age and torture bless'd her as she moves.

The youth advanc'd, and first her hand he press'd,
Then clasp'd the goddess to his panting breast ;—
" O take your spouse"—she heard his soft commands,
And wreath'd her serpent to their wedded hands,

Ode in a Cavern.

O Water
Daughter
of Neptune ! Once the very gods themselves
Without
Doubt
Drank you !
—
But here
Beer
lies in dozens cooling on the shelves,
So
No
H₂O
Thank you !

Books for Review.

"APPLIED BACTERIOLOGY." By C. G. Moore, M.A., Cantab. and R. T. Hewlett, M.D., F.R.C.P., London. (Baillière, Tindall & Cox) 1906. Price 12s. 6d. net.

The authors intend this work to be an elementary handbook for the use of students and medical men, who require to obtain some knowledge of bacteriology, without being able to make an extensive study of this important subject.

A short account is given of each morbid organism and of its pathogenic properties. Immunity is discussed, and about 80 pages are devoted to bacteriological technique. This is perhaps the most important chapter.

While we cannot fail to praise the book taken as a whole, yet we doubt whether it will ever prove to be as useful to the student of medicine as some of the better known works, such as Muir & Ritchie's "Manual of Bacteriology."

"ELEMENTS OF PRACTICAL MEDICINE." By Alfred H. Carter, M.D., F.R.C.P. Ninth edition. (H. K. Lewis, London.) Price 10s. 6d.

This little book can only be regarded as an introduction to the study of medicine and is not, we imagine, intended to compete with the larger text books.

The book consists of about six hundred small pages and contains a condensed system of medicine, with sections on general pathology, the diseases of the skin and a therapeutic index. Brief accounts, amounting to little more than definitions of the rarer diseases, have been included, with the result that the descriptions of the really important diseases are reduced to wholly inadequate proportions. A fuller account of the diseases, commonly met with, would, we think, have been more useful to the elementary student. The section dealing with general pathology occupies twenty-six pages, in which the author manages to give at least one sentence to every one of the important

problems of modern pathology. These crumbs of miscellaneous information are too small to be useful to the most elementary of students, and we are inclined to think that this section would hardly be intelligible to a student, who had no previous knowledge of pathology. For the therapeutic index which forms an appendix to the volume, we have nothing but disapproval, even though it is accompanied by a warning against "any slavish adhesion to fixed formulæ."

The Annual General Meeting of the Club.

THIS meeting was held, with Dr. Box in the Chair, in the anatomical theatre on Friday, November 23rd. The meeting, as usual, was well attended. Mr. Parsons, our energetic secretary, read the minutes of the last meeting and a statement of accounts. Dr. Box commented favourably on the fact that the expenditure was well within the estimate. The report was adopted. The next business was the election of the committee for the ensuing year. After keen competition the following members were elected:—

1st, 2nd and 3rd year's representative	...	B. G. Gutteridge.
4th	"	W. B. Johnson.
5th	"	P. Harper.
6th	"	B. A. Cheadle.

The chairman then announced that the time had arrived for members to make their usual suggestions and state their grievances. Mr. Birt proposed, that men should be elected on the committee by men in their own year. Mr. Gutteridge seconded the proposal, which was received with applause by the 1st year's men who feel that they are not well represented on the committee under the present system. Dr. Box said that the proposal should go before the general council. Mr. Todd then suggested that the club crest should again be placed on the writing paper and fixture cards. Mr. Parsons promised that it should be so: a statement that evoked roars of applause. Mr. Wilson stated that during bacteriological research he had discovered in his fish cakes a formidable bacillus—*B. Wilsonii*—which he describes as being short and thick and having pseudopodia. Mr. Weir graphically related how he, without instruments or anæsthetic, removed a piece of glass from the hard palate one day at lunch. Mr. Parsons proposed that active steps should be taken with regard to the catering department of the club, a statement which was enthusiastically received. A vote of thanks to the dance committee for providing the means, whereby the club furniture was renovated, was carried with acclamation. It was decided that the club servants' Xmas box fund be left entirely in the hands of Mr. Parsons, to dispose of as he thought fit. This, with a vote of thanks to the chairman, brought the meeting to a close.

Club Notices.

S. THOMAS' "A." XV. v BLACKHEATH 2ND XV.

This match played on the Rectory Field on November 17th resulted in a win for our opponents by 2 goals 5 tries (25 points) to a goal (5 points.) Of the match itself little need be said with the exception that few men, I think, were sorry when the S. E. & C. R. bore us on our homeward way. But the game had a moral, and it was this. That the hospital men can play, if only they will put their backs into the game. That this is so, was amply verified in this match. For the first three-quarters of the game while we slackened, sulked and swore, our opponents scored prodigiously. In the last quarter of an hour something seemed to tell us, that something desperate must be done. We did it. We played a hard and fast game and not only did we actively prevent Blackheath from anything like scoring, but we scored ourselves.

Team : H. V. Welch, J. W. Wheeler, R. C. Priest, F. R. B. Skrimshire, C. L. Petch, A. G. V. French, S. F. Dudley, G. M. Custance, R. L. Barwick, M. L. Irvine, T. Archer.

"A" XV. v THE OLD BLACKHEATHENS.

Played at Lee Green on Saturday, November 10th. The Hospital was only able to place a weak side on the field to oppose a very strong combination. In the first fifteen minutes the Old Blackheathens registered 5 unconverted tries. Towards the end of the first half the hospital pressed : Skrimshire took a drop at goal which went wide and Treves racing up scored our only try, Seymour failing to convert. In the second half our forwards played much better and our line was not crossed until within the last ten minutes' play when four more tries and a penalty goal were scored leaving the Old Blackheathens winners by 80 points (9 tries and a penalty goal) to 8 points (1 try). Welch played an excellent game for us at back and Skrimshire at half was also good.

Team : H. V. Welch : W. Morton Jack, L. B. Perry, E. A. Seymour and H. Treves : A. G. V. French and F. R. B. Skrimshire : P. T. Harper, N. Fergusson, S. W. Grimwade, H. A. F. Wilson, M. L. C. Irvine, H. D. Close, A. Weston and E. W. Witney.

"A" XV. v BOROUGH ROAD COLLEGE.

Played at Isleworth on Saturday, November 24th. The Hospital was once more very weak in the scrum, in a game which was chiefly confined to work by the forwards. Thomas's pressed on starting, but for the remainder of the game were chiefly on the defensive. The College scored 1 goal and 3 tries at half time and added three more tries in the second half. Our three-quarters used the few opportunities given them, on changing ends, and, with luck, might have scored. The methods of our opponents can at best be described as doubtful. Result 1 goal and 6 tries (28 points) to nil. Overton played a plucky game for us at back, and Startin and Fergusson did good work at forward.

Team : R. S. Overton, back : H. Treves, B. C. Priest, L. B. Perry and W. Morton Jack, threequarters : F. B. B. Skrimshire and A. G. V. French, halves : J. Startin, N. Fergusson, C. T. V. Benson, H. Close, W. L. Pink, H. V. Welch, E. G. Fisher and F. A. Weston, forwards.

"A" XV. v ROSSLYN PARK "A."

Played at Chiswick, Saturday, December 1st. With only six of the "A" team available the resulting score of 7 goals and 7 tries (56 points) to nil against the hospital was hardly to be wondered at. As usual Startin and Fergusson had to do most of the work forward whilst outside Mohmud Hamed played a useful game. Irvine tackled well at back.

Team : M. L. C. Irvine, back : J. Potter, R. C. Priest, Mohmud Hamed, and F. C. Alton, threequarters : A. G. V. French and F. R. B. Skrimshire, halves : J. Startin, N. Fergusson, C. T. V. Benson, R. Minchin, A. R. Esler, J. Arthur and A. S. Pearn, forwards. The Hospital were one short.

"B." XV, v RICHMOND IV.

This match played at Richmond resulted in a win for the Hospital by 8 goals and 8 tries to 1 try. The team turned out well, our opponents, however could only muster nine men, we lent them three men and started. The game settled down in our opponents "25" where Archer, Huggins, Svensson, Stocks and Wilson scored tries, Harper converting three of them.

Team : M. L. C. Irvine, R. W. Stocks, P. Harper, F. C. Alton, G. M. Huggins, C. W. Treherne, E. G. Saunders, S. R. Gleed, S. Svensson, A. R. Potter, T. C. R. Archer, C. J. Arthur, H. R. Esler, E. A. Pigwell, H. A. F. Wilson.

CRICKET CLUB.

A general meeting of the above was held in the Anatomy Theatre on October 19th. In the absence of Mr. Makins, Mr. Rendle occupied the Chair. Mr. Makins was unanimously re-elected President and the following officers for the season of 1907. F. H. Holl, Captain, and E. A. Seymour, Hon Sec. of the 1st XI.; W. H. R. Sutton, Captain, and H. L. Mann, Hon. Sec. of the 2nd XI.; F. M. Neild, D. C. Dobell, W. Weir and W. Shipton, on the Committee. F. H. Holl then brought forward a motion which was carried in a modified form to the effect that "Not more than two caps may be awarded, at the discretion of the committee, every season." The proceedings terminated with a hearty vote of thanks to the chairman.

1ST XV. v. ROYAL NAVAL COLLEGE.

This match was played at Chiswick on Wednesday, November 7th, with the result that the Hospital won by 26 points to 10. Our team included H. C. Devas, whose presence was greatly felt, he scored twice and greatly added to our defence. Other tries were scored by Crofton, Petch and Atkinson. Bingham kicked a goal from a penalty.

Team : Back, R. B. Abraham; three-quarter, E. L. Atkinson, W. H. R. Sutton, J. N. Wheeler, E. H. Marshall; half, C. L. Petch and J. H. Crofton; forwards, R. G. Bingham, S. F. Dudley, F. M. Neild, N. W. Jenkin, W. Harmens, M. Custance, R. Cox and H. C. Devas, five-eights.

1ST XV. v. ROSSLYN PARK.

This match was played at Chiswick, on Saturday, November 10th. The Park had their full team out which included two old Thomas's men, O. Bruce and H. C. Devas. The Hospital forwards played a hard game, but the backs were weak. In the first half Harmens scored for us and about two minutes before time Sutton scored, both tries Bingham converted.

In the end Rosslyn Park won by 2 goals, 8 tries (19 points) to 10 points.

Team: J. H. Bletsoe, R. B. Abraham, H. A. R. Sutton, E. H. Marshall, J. N. Wheeler, C. L. Petch, J. H. Crofton, R. G. Bingham, S. F. Dudley, F. M. Neild, N. W. Jenkin, W. Harmens, J. M. Custance, R. L. Barwick, R. Cox.

1ST XV. v. CIVIL SERVICE.

This match was played at Chiswick on Saturday, November 24th. This was the worst game we have played this season and is the first time we have not scored in a match. The backs were very bad and the halves never seemed to get their men. The forwards worked hard, Bingham being very good. In the end Civil Service won by 3 goals (1 dropped) 3 tries, 28 points—0.

Team: R. B. Abraham, E. L. Atkinson, H. H. R. Sutton, E. H. Marshall, J. N. Wheeler, C. L. Petch, J. H. Crofton, R. G. Bingham, F. M. Neild, S. F. Dudley, N. W. Jenkin, W. Harmens, J. M. Custance, R. L. Barwick, R. Cox.

1ST XV. v. R. M. C.

This match was played at Sandhurst on December 1st. We kicked off and soon got the R. M. C. in their own 25, but our three-quarters could do nothing with the ball and it was very nearly half-time when Bingham scored for us near the touch line, this he failed to convert. Very soon after this the R.M.C. kicked a goal from a penalty and later one of their men intercepted a pass and scored between the goal posts, this they converted. At half time the score was 8 points to 3 against us. We did not press so hard the second half but once Marshall dropped a goal only it touched one of our opponent's hands and so was not allowed. The R.M.C. scored 1 try in the second half and so won by 11 points to 8.

1ST XI. S. THOMAS'S HOSPITAL v. THE CASUALS.

This match was played at Chiswick, on Wednesday, Nov. 7th, and resulted in a win for the Casuals by 4 goals to 3. The Hospital started well and not long after the kick-off Svensson opened the scoring, his example being followed by Sutcliffe a few minutes afterwards. The forwards pressed hard and Svensson again scored bringing the score up to 8—0. Just before half-time the Casuals got through twice and scored both times. Cooke was kept very busy in goal but managed to keep them from scoring. At half-time we crossed over leading by 3 goals to 2 and a good chance of winning. The Casuals for a short time had slightly the better of the game and soon equalized. Again our forwards pressed and the game looked like a draw until just before time when the Casuals managed to scramble through and scored their fourth and winning goal. Svensson, Bowring and Dalgleish were conspicuous.

Team: A. J. Cooke; H. White, F. B. Dalglish; B. Gutteridge, H. Bowring, S. L. Walker; A. B. Laird, J. P. Lupton, R. Svensson, W. Sutcliffe H. L. Mann.

1ST XI. v. ALEXANDRA PARK F. C.

This match was played at Wood Green on Saturday, November 10th, and resulted in a draw of 2 goals all. This was not a very interesting game owing to the ground being more like a golf course than a football ground. Sutcliffe opened the scoring not long after the start the Park soon equalizing. In the second half we had the better of the game and it was not long before Brandon scored our second goal. The Park pulled themselves together and our defence was kept fairly busy for a time. During one of the Park's rushes Cooke had the misfortune to hurt his knee but managed to keep on till the end. The light got very bad towards the end of the game and the Park managed to scramble through their second goal thus equalizing just before time.

Team: A. J. Cooke; H. White, F. B. Dalglish; B. Gutteridge, H. Bowring, W. B. Johnson; W. H. Wilson, G. N. Brandon, R. Svensson, W. Sutcliffe, H. L. Mann.

1ST XI. v. OLD TOLLINGTONIANS.

This match was played at "Elm Farm" Walthamstow, on Saturday, December 1st, and resulted in a victory to the Hospital by 5 goals to 2. Johnson won the toss and we started with a fairly strong wind at our backs. Our forwards kept the Tollingtonians defence very busy Svensson getting through and scoring not long after the start. The next goal was shot by Mann through some very good combination by the forward line. The Tollingtonians tried to retaliate but with no result. The game was mostly in our opponents ground and from some good combination between Sutcliffe, Svensson and Brandon, the latter scored our third goal. Just before half-time from a scrum in front of goal the Tollingtonians scored. We crossed over at half-time with a good lead of 3—1. From a run down from half-way Svensson again got through and scored. The Tollingtonians now showed a little spirit and pressed a bit, forcing two corners and obtaining a penalty which Gleed saved. Brandon scored again a few minutes before time but the Tollingtonians determined to get one more goal and did so just before time.

Team: S. R. Gleed; H. White, S. L. Walker; B. Gutteridge, H. Bowring, W. B. Johnson; A. B. Laird, G. N. Brandon, R. Svensson, W. Sutcliffe, H. L. Mann.

ASSOCIATION FOOTBALL CLUB.

A General Meeting of the United Hospitals' Association Football Club, was held on Thursday, November 5th, to discuss the proposed introduction of the 7 years rule. The motion having been proposed and seconded it was put to the vote and of 9 represented Hospitals 7 were for it and 2 against it. It was decided to allow 6th year men to play this season and 7th year men next season.

Examination News.

UNIVERSITY OF LONDON, October, 1906.

M.B. B.S. Examination.—H. A. Kisch, J. C. Maclean, W. O. Sankey.

Do. Group I.—B. T. Parsons-Smith.

Do. Group II.—H. O. Blanford, K. E. Eckenstein, A. J. S. Pinchin;

UNIVERSITY OF OXFORD.

D.P.H.—H. C. Lecky, M.A., M.B., B.Ch.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, November, 1906.

Primary F.R.C.S.—H. T. Gray, P. T. Harper, W. B. Johnson.

Final F.R.C.S.—L. E. C. Norbury.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

THE
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GAZETTE.

VOLUME XVII.

1907.

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J. J. Perkins, Esq., facing page 195

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St. Thomas's Hospital Gazette.

No. 1.

JANUARY, 1907.

VOL. XVII.

Hospital Notes.

Christmas was celebrated at the hospital in a fashion which has become crystallised by custom. All the several events have taken place in the manner anticipated and consequently Christmas has been a success. It is always a very delicate matter for the editor of this *Gazette* to discuss the decorations of the wards. Indeed it is not on record that any editor has ever been so injudicious as to do so. It is usual and sufficient to confine comment to a comprehensive if vague appreciation of all the wards. Far be it from the Editor to depart, in this respect, from the wise and proper course followed by his predecessors. This year, then, let it be said that every ward was a pleasant sight to see. This is a mere statement of an undoubted fact, and anything further, which must be regarded as a statement of opinion, is left to a more confident and courageous critic.

* * *

On Christmas day, according to ancient usage, the various joints of beef were carved by house surgeons and house physicians and there seems to be no doubt that their inexperienced efforts contributed considerably to the merriment of the feast. The Pierrots started in Christian on December 27th and made a triumphal progress through the hospital. Some account of their doings will be found on another page.

* * *

The Casualty Christmas Tree and Tea took place on the Saturday. The casualty department might have been expressly constructed for this annual festival, so admirably suited is it to the purpose. The tree, despite its huge proportions, was unable to carry all the toys and tables had to be requisitioned to accommodate the magnificent assortment which had been provided. Father Christmas, who arrived in state and a motor car of very recent pattern, gave the greatest possible satisfaction and the toys to his numerous clients. The tea was as ample as it was excellent and Sister Casualty may well feel content with the success of her first Christmas Party.

* * *

C. G. Seligmann has been awarded the gold medal for pathology in the M.D. Examination of the University of London.

Cyodiagnosis.

INTRODUCTION.

IT is chiefly with a view to investigate the value of cytological methods as an aid to the early recognition of tuberculosis that the present research has been undertaken.

But since pathological fluids containing cells occur under such widely divergent conditions, it is hardly desirable to treat the subject of cyodiagnosis in so restricted a way as would be necessitated by the consideration of any one particular disease.

Having regard, therefore, to this difficulty, I have included under separate headings :

(1) Pleural effusions due to micro-organisms other than the tubercle bacillus and cerebro-spinal fluids from cases of meningo-coccic infection.

(2) Ascitic fluids.

(3) Hydrocele fluids.

In the vast majority of the instances in which the cerebrospinal fluid was examined the lesion was due either to the tubercle bacillus, or to the meningococcus, while certain of the examples of pleural effusion and vaginal hydrocele occurred in the course of malignant disease. This latter variety of case has also been dealt with separately.

It will scarcely be disputed that cyodiagnosis finds its most valued application in the detection of tuberculous disease for the two following reasons :

(1) The tubercle bacillus is difficult to cultivate.

(2) This micro-organism, when present in serous pleural effusions, is only to be found in such small numbers that it is necessary to examine bacteriologically very large quantities of fluid, and even then with possibly negative results.

At present (since an examination of the sputum is usually without value) almost the only reliable means at our disposal of demonstrating the tubercle bacillus under these circumstances is by intraperitoneal inoculation of the fluid into guinea pigs. This test is quite satisfactory, but it will always be open to the objection that a period of some six weeks may have to elapse before an absolute diagnosis is possible.

On the other hand, a complete histological examination of the cells present in an effusion can be made and a report returned in a few hours.

None of the cases in the present series are classified as undoubtedly tuberculous unless at least one of the three following conditions has been fulfilled :—

- (a) That the sputum contained tubercle bacilli.
- (b) That tuberculosis was produced experimentally by the inoculation of the suspected fluid into a guinea pig.
- (c) That post mortem evidence of tuberculosis was forthcoming.

Although Widal and Ravaut, the pioneers in this field of work, and many other writers were careful to confirm their results by every means in their power, the literature shows some tendency to ignore the importance of inoculation experiments. Certain authors do not state definitely that they have made use of animals and, in a few instances, the papers appear to be mere compilations of work by previous observers.

THE LITERATURE OF CYTODIAGNOSIS.

In the comparatively short space of five years some forty monographs dealing with the subject of cytodiagnosis have appeared, and, although the most important contributions are by French Authors, reliable work has also been done in Great Britain, the United States and Germany. It should be noted that priority in the application of cytodiagnosis is claimed by Lewkowicz for certain Polish observers,* who stated that serous effusions, which do not become purulent, contain lymphocytes but if polymorphonuclear cells are found, either pus formation or cancer is present. In 1897 Warthin published a case of primary spindle-celled sarcoma of the pleura, which was diagnosed by a cytological examination of the fluid obtained, and consequently this author may claim a place among the earlier writers.

No further advance was made until June, 1900, when Widal and Ravaut published one of their series of papers in the *Journal of the Société de Biologie*, and to them is certainly due the credit of having been the first to demonstrate conclusively the relation that exists between clinical diagnosis and the cytology of pathological fluids. As the result of their investigations these writers stated their so-called cytological formulæ, which they regard as applying to the cells found in the different effusions they examine.

* Winiarski: *Kronika lekarska* 1896.

Korczyński and Wernicki: *Przegląd lekarski* 1891.

If we consider how extensive the literature of cytodiagnosis has become, it is indeed surprising that so little new matter should have been added since this original article was published.

TECHNIQUE.

During this research investigations were made into the nature of the cells present in (a) pleural, (b) ascitic, (c) cerebro-spinal, and (d) hydrocele fluids.

A specimen of fluid sent for examination was treated as follows: Two large tubes, each holding 50 c.c., were centrifuged at moderate speed to ensure that all the cellular elements should be driven down into the sediment. The importance of using a moderate speed lies in the fact that the force generated by a high velocity causes the cells to disintegrate, and consequently failure to take this precaution leads to inaccurate results. Film preparations were made by smearing a loop of the sediment on to a clean coverslip. At this stage it was important to avoid damaging the cells by the exertion of undue pressure, and it was also essential to be certain that the loop of fluid contained some of the clot lying at the bottom of the tube which had entangled the cells in its meshes.

Films thus prepared were then dried in air and stained by a rather weaker solution (0.3 per cent.) of Leishman than is suitable for hæmatological work (0.5 per cent.).

In every instance, whenever possible, a differential count of 500 cells was made under the one-twelfth oil immersion lens, and the fluid was also chemically examined in many cases.

Inoculation Experiments. Since the utility of cytodiagnosis must be judged by the results of bacteriological investigation, any work on this subject undertaken without inoculation experiments can have no value. Of course the above statement is not applicable to those cases in which post mortem evidence of tuberculosis, etc., is forthcoming.

One hundred c.c. of fluid were centrifuged at high speed to drive all micro-organisms to the bottom of the tubes, and from fifteen to twenty c.c. of the lower layers used. The inoculation was made into the peritoneal cavity of a guinea pig with the same precautions to secure general asepsis and to avoid contamination from external sources as were adopted by Dudgeon and Ross in their work on Phagocytosis. After five weeks or more the animal was killed under chloroform and a complete post mortem examination made.

Post Mortem Examination. All the organs were examined for macroscopic evidence of disease, especial attention being directed to the spleen and great omentum. In addition film preparations,

stained by Leishman, were made from the peritoneal fluid and five hundred cells enumerated as described above. Smears were also taken on slides from the retroperitoneal lymphatic glands and stained for tubercle bacilli. This is a point of extreme importance, as will appear later. Finally a routine histological examination was undertaken in every instance. Paraffin sections were cut from the spleen and lymphatic glands and out of a large number of stains tried for these, hæmatoxylin, with eosin as a counter-stain, was found to act best. In many cases the liver, kidneys, lungs, and anterior mediastinal glands were also cut and searched for evidence of tuberculosis. The importance of confirming macroscopic appearances by histological examination cannot be overestimated, as more than one example occurred in which the naked eye evidence of tuberculosis was equivocal.

ON THE SIGNIFICANCE OF THE SMALL LYMPHOCYTE IN PATHOLOGICAL FLUIDS.

Before discussing those cases in my series which were characterised by a predominance of the small lymphocyte some mention must be made of errors due to failure in differentiating the various types of cell present, and it will also be necessary to state the reasons for one or two special precautions in technique.

Writing in the *Practitioner* on cytodiagnosis Dr. Turton pithily observes: "It is probably owing to failure in recognising some of these degenerate forms that certain of the discordant results obtained in cytology are to be accounted for."

If the worker in this branch of Pathology is unable to recognise with certainty the cells present in any given case, his results will be valueless. It is an unquestionable fact that if a pleural effusion or other pathological fluid be allowed to stand for more than two or three hours the cells begin to disintegrate and rapidly become degenerated beyond recognition.

This difficulty is at once overcome by examining for cells immediately after aspiration or lumbar puncture have been performed.

Total or partial destruction of cells by centrifugation at too high a speed has already been referred to.*

In the literature there are numerous instances where the so-called "pseudo-lymphocyte" has caused doubt.† Although it is

* See technique.

† Turton, Earle and others.

quite clear that Prof. Erlich fully realised the true nature of this element, yet it is most unfortunate that he should have employed such a term to designate a slightly aberrant type of the finely granular polymorphonuclear cell.

All authors are agreed that "pseudo-lymphocytes" are generally found associated with definite finely granular polymorphonuclear cells, and are especially abundant in effusions approaching the purulent stage. The nucleus swells up, its outline becomes more nearly regular, and its distinctive character is less marked. The protoplasm fails to stain in the normal manner and the appearance of a mononuclear cell is more or less closely simulated.

It is further stated that portions of the nucleus with a zone of protoplasm are separated from the original cell, and that "the pseudo-lymphocyte" is produced in this way.

In case twenty-four (pulmonic neoplasm with plural effusion) 21·8 per cent. of polynuclears occurred which were not degenerated, and might have been mistaken for small lymphocytes under a sixth; with an oil immersion lens, however, their true nature became at once apparent. The nucleus remains distinctly "polymorphous," except that its outline is more regular than usual, and the protoplasm differs in no way from that found in the finely granular polymorphonuclear of the blood. The only striking feature presented by the "pseudo-lymphocyte" is that the amount of this surrounding protoplasm has become reduced to a mere zone.

This atypical variety of polynuclear occurred (slightly degenerated) in two other examples of my series, while Dudgeon and Ross not infrequently found it present in the peritoneal exudate of guinea pigs.

If it were a rule to examine only films prepared from *fresh* fluid and to always count under an oil immersion lens the "pseudo-lymphocyte" would hardly ever escape detection or cause any trouble.

Patella adds to the confusion by using the term "pseudo-lymphocyte" in reference to the small lymphocyte almost constantly found in those primary "idiopathic" pleural exudates which we are about to discuss. He states that these lymphocytes are merely the cast off nuclei of endothelial cells and that he has seen this extrusion taking place. No confirmation of this view is to be obtained. I have occasionally seen an isolated endothelial nucleus, generally with a small tag of protoplasm attached, lying free in the field. Since such a nucleus, when stained by Leishman, in no respect resembles a lymphocyte, it is difficult to understand why this point was ever raised. In counts done on ascitic fluids it is common

enough to see small endothelial cells, but here again with the high powers it is hardly possible to mistake such elements for lymphocytes.

It is also probable that the great variety of staining reagents used by authors (see literature) may account for some of the discrepancies. Crude methylene blue, hæmatoxylin and eosin, and Erlich's triacid stain are by no means satisfactory. I believe that if Prof. Leishman's modification of the Romanowsky stain were exclusively used for this work, our cell counts would gain in accuracy.

Passing on to some technical points it will be found that Widal in his paper states that from 20 to 40 c.c. of an effusion must be injected into the peritoneal cavity of a guinea pig, if positive results are to be insured. Lovell Gulland puts the limit at 70 c.c. and has waited 13 weeks for a result.

TABLE I.

No.	Nature of Case.	Percentage of lymphocytes.	Result as to presence of tuberculosis.	How obtained. Remarks.
2	Pleural effusion	49.8	Not proved	No inoculation experiment.
4	"	97.6	Positive	Inoculation experiment. This sample shows the necessity for complete histological examination.
5	Meningitis	93.0	"	Autopsy.
6	Pleural effusion	92.4	"	Inoculation experiment.
8	"	83.2	"	Tubercle bacilli in sputum; signs at the right apex. Ten months later cough and cardiac pain were noted.
10	"	95.0	"	Inoculation experiment.
11	"	89.0	Negative	Inoculation experiment.
12	"	90.8	Not proved	No inoculation experiment.
13	"	86.6	"	Inoculation experiment. The animal died in 18 hours.
18	Hydrocele	51.2	Positive	Operation. Caseous foci removed.
27	Meningitis	77.0	"	Autopsy.
29	Pleural effusion	87.0	"	Inoculation experiment. Tubercle bacilli in the sputum; signs at left apex.
30	"	73.6	Not proved	No inoculation experiment.
31	"	No cells seen	Positive	Inoculation experiment. Two animals used.
34	"	88.5	Not proved	No inoculation experiment.
36	"	100.0	Positive	Inoculation experiment.
		(very few cells)		
37	"	100.0	"	Old standing lesion. Tubercle bacilli found.
		(very few cells)		

It is certainly necessary to deal with large quantities of fluid owing to the scarcity of the tubercle bacillus in these examples, but nevertheless in practice this method has serious drawbacks. The animal becomes almost at once acutely ill and may die within a few hours. On examination no evidence of peritonitis can be found, but frequently a large quantity of unabsorbed fluid is present. It is probable that these ill effects are purely mechanical and they have been successfully avoided in this work by using the sediment from 100 c.c. of effusion centrifuged at high speed.

A reference to Table I. will show that this plan has been attended with very constant results, and it is unnecessary to inject more than 10 c.c. Since using this method I find that Prof. Osler also refers to the advantages of centrifugation as a preliminary measure, but apparently this course has been adopted in only very few instances.

The importance of a complete autopsy in these animal experiments cannot be over-estimated. One example may be cited in which evidence of infection rested solely on the finding of four or five tubercle bacilli in a smear preparation from one of the retro-peritoneal glands.*

In many instances the microscope will establish the presence of early lesions which must inevitably have escaped the most careful macroscopic scrutiny.

Table I. gives the results obtained from seventeen examples in which the small lymphocyte was the principal cell. In those cases classed as "not proved" it was either impossible to perform an inoculation experiment or the guinea pigs died at an early stage. It will be observed that in fourteen examples the percentage of small lymphocytes is very high and that the presence of other varieties of white corpuscles is fully accounted for by blood contamination. In such primary tuberculous cases, confirmed by inoculation, tuberculin injection, or autopsy, Widal and Ravaut found lymphocytosis almost exclusively. Finely granular polynuclear cells, if present, are often less than ten per cent.

Positive evidence of tuberculosis was obtained in eleven out of twelve of my cases which were tested by inoculation experiments or otherwise, and this amounts to 91.6 per cent.

If the individual examples in this table be examined the following points are of interest.

In case 2 (49.8 per cent. of small lymphocytes) the cytological count did not appear to point to tuberculosis; since, however, no animal was inoculated this instance must be taken as wanting proof.

* Mr. L. S. Dudgeon has recently had a precisely similar experience.

There were in addition to the S.L. 32.4 per cent. of endothelial cells present showing mitotic figures. The patient made a complete recovery and reported herself quite well eleven months later. Widel quotes a somewhat similar case of sero-fibrinous effusion complicated with signs of softening at one lung apex. He found numerous small lymphocytes and placards of endothelial cells. Two guinea pigs inoculated with 20 and 40 c.c. of the fluid proved negative.

Case 4 has already been referred to; it shows the great importance of searching for tubercle bacilli in smears made from the retroperitoneal, iliac, and lumbar glands and from the spleen before the guinea pig is passed as not infected.

In case 11 with 89.0 per cent. of small lymphocytes the most careful and complete examination of the animal failed to show any evidence of tuberculosis. I prefer not to attempt to explain this result away by postulating an error of technique, although it would be a fair contention.

Case 31 is of special importance as illustrating what has already been stated as regards the rapid disintegration of the cells in these fluids. Here thirty-six hours had to elapse before the fluid could be examined and by mistake it was centrifuged in the routine manner. Only a granular detritus was obtained. Two samples of this exudate were injected into the peritoneal cavities of a pair of guinea pigs in order to gauge the relative toxicity of the upper as opposed to the lower layers of 100 c.c., which had been centrifuged at high speed to obtain the micro-organisms. The animal inoculated with the sediment developed obvious macroscopic tuberculosis in 56 days, while, as far as could be ascertained by naked eye examination, the other was not diseased. Nevertheless under the microscope early tuberculosis lesions were detected in the spleen, and tubercle bacilli were found in smear preparations made from the retroperitoneal glands. The value of centrifugation as a preliminary to intraperitoneal inoculation is thus well shown. A few degenerated lymphocytes were seen in films prepared direct from the pleural fluid, but in the table cells have been returned as absent. One or two other examples of this type occurred, but they were rejected as unsuitable for further experiment because the cells were not in good condition.

According to Widal the normal cerebrospinal fluid contains two or three small lymphocytes per field of the oil immersion lens, but Nageotte, Babinski, and Jamet, all comment on the great scarcity of cells in the normal state. It is not easy to dispose of this difficulty, for any opportunity of examining the human cerebrospinal fluid apart from disease rarely occurs in Great Britain.

Only two cases of tuberculous meningitis (proved at autopsy) are included in Table I., and the cytology of the cerebrospinal fluid in both differed in certain respects from the formula of Widal and Ravaut.

These authors, as the result of numerous careful observations and experiments, find that in tuberculous meningitis relatively large numbers of polynuclear cells frequently occur, but that even in blood stained specimens of fluid the small lymphocytes are always in excess. They further urge that a comparatively high percentage of polymorphonuclears mixed with the lymphocytes does not invalidate the diagnostic importance of the mononuclear elements, although a differential count may be needed to establish the excess of the latter cells. In my cases the lymphocytes predominated, but were not numerous, and polymorphonuclear cells occurred but rarely.

In neither instance was the full differential count of 500 cells possible, and the small lymphocytes amounted to 93 and 77 per cent. of the total cells present. Bernard found in one tuberculous case 140 lymphocytes (82·4 per cent.), and 30 polynuclear cells; four days later there were 36 lymphocytes and 157 polynuclears. The increase in the polynuclears coincided with a secondary infection by pyogenic organisms, and this may be the explanation of many of these cases. I may add that Mr. L. S. Dudgeon has noted a very marked predominance of lymphocytes in a number of cases examined. It will therefore be seen that the findings of many different observers do not absolutely agree with those of Widal in this respect.

TABLE II.—*The peritoneal fluid in the inoculation experiments.*

No. of case.	Source of inoculated fluid.	Presence of tuberculosis.	Lymphocytes.	Endothelial cells.
4	Pleural effusion	Positive	Per cent. 53·6	Per cent. 45·6
6	"	"	82·2	11·4
10	"	Positive (very earliest stages)	1·6	97·8
11	"	Negative	2·8	97·2
13	"	Animal died in 18 hours	21·6	75·0
29	"	Positive	42·8	52·4
31 (pig. No. 1)	"	(Positive (massive tuberculosis)	80·8	12·6
31 (pig. No. 2)	"	Positive (the earliest stages)	3	95·8
36	"	Positive	44·2	54·4
37	"	Animal died in 3 days	12·6	83·8

In Table II. the percentages of lymphocytes and endothelial cells occurring in the peritoneal fluid of infected guinea pigs are given. Here it is easy to obtain a normal standard for comparison. Dudgeon and Ross have recently examined the peritoneal fluid of several healthy guinea pigs in order to determine the nature of the cells. In all cases but a small quantity of fluid could be obtained and the chief cell was the endothelial. Lymphocytes numbered only 25 per cent. in a few examples, and in the vast majority were considerably below that figure. Hence it is fair to assume that a percentage of small lymphocytes higher than 30, is pathological.

In Table II. examples 11, 13, and 37 may be regarded as showing a normal state of the peritoneal fluid, and it will be seen that, even when most numerous, the lymphocytes only amounted to 21.6 per cent.

Cases 10 and 31 are of special interest, for at first sight they appear to be directly at variance with what has already been said regarding the occurrence of lymphocytosis in tuberculosis infection. I think they may be explained on the view that the disease had not yet gained a firm hold on the animals owing to the introduction of so few bacilli. In the one case the only evidence of infection was the finding of tubercle bacilli in a smear from the glands, while in the other, bacilli were again found in the same situation and in addition the microscope revealed early changes in the spleen with a few giant cells. It is hardly doubtful that the infection must be making fair headway before a lymphocytosis is produced.

In the four remaining animals with well marked macroscopic tuberculosis the percentage of small lymphocytes varied between 42.8 and 82.2. Such large numbers of these cells as are found in pleural effusions do not regularly occur in the tuberculosis peritoneal exudate of animals.

Certain authors hold that in the early stages of "primary idiopathic pleurisy" the finely granular polymorphonuclear cell precedes the lymphocyte. Widal states that 10 per cent. of polynuclears may then be present. This observer also injected a culture of tubercle bacilli from man beneath the meninges of a dog. In the first count, taken on the eighth day, the proportion of polynuclears to lymphocytes was 40/60, but this ratio became 28/72 in a second count four days later. In my cases this preliminary stage with evidence of polymorphonuclears in considerable numbers was not seen, but in most instances only one examination was made.

Mr. J. Abadie writing on the cytology of the cerebrospinal fluid gives much weight to the following statement in his conclusions.

"These results go to confirm the rule, long ago laid down, that a leucocytosis in the cerebrospinal fluid indicates an organic change

in the meninges. To go further these variations of the leucocytes and the different cytological formulæ do not 'translate' the nature of the meningeal irritation. They cannot serve to affirm the presence of this or that particular disease, they are simply an index of the acuity, sub-acuity, or chronicity of the morbid process, as Widal has shown in his earlier researches." In their original paper dealing with pleural effusions Widal and Ravaut drew attention to this hypothesis and Abadie is arguing in confirmation of it.

It is not my purpose to question the truth of this dictum I only hope to show that clinically it will be advantageous to allow rather more freedom in its interpretation.

We have abundant evidence that the small lymphocyte points to chronicity in the course of disease from the findings in tuberculosis, tabes, and other diffuse syphilitic infections, and also in the fact that lymphocytes are present in the cerebrospinal fluid of sleeping sickness.

Yet syphilis of the lungs or pleuræ is so rare as to be almost a pathological curiosity which is by no means the case with pulmonary tuberculosis or primary pleurisy complicated by effusion. Instances of specific meningitis in children suffering from congenital syphilis of course occur, but not at all commonly, and in post-basis examples the finely granular polymorphonuclear is found. It is a fair inference that when the lymphocyte predominates in a pleural exudate or in the cerebrospinal fluid of a child, that its presence is almost invariably due to tuberculosis. It is easy to realise that difficulties arise in the case of an adult, for here the diagnosis might be between tuberculous and diffuse syphilitic infection of the meninges. Although in both conditions the lymphocyte should be principal cell of the cerebrospinal fluid, most probably the clinical features of the case would enable a correct diagnosis to be made.

As far as I know Nageotte is the only author who has raised this question and in his paper he merely makes a passing reference to it.

To say that the lymphocyte merely serves as a pointer to chronic diseases is, although quite true, greatly to curtail the practical utility of cytodagnosis.

It is strange that Marcou Mutzner should have attempted to discredit the results of all previous writers on the strength of a

single instance of tuberculous meningitis in which he found polynuclear cells almost exclusively. His case appears to have been one of acute miliary infection with a primary focus in the lungs and the meningitis ran a rapid course. At autopsy although miliary tubercles were obvious along the course of the sylvian vessels, "a purulent muff, more than one c.m. thick was found beneath the chiasma, the bulb, and the pons"; since cultures were not taken at the post-mortem the possibility of a mixed infection is not excluded.

I have been so fortunate as to obtain from Mr. L. S. Dudgeon the following account of a recent case. In this particular instance the cerebrospinal fluid contained an excess of finely granular polymorphonuclear cells, but autopsy revealed the presence of tuberculosis. Previous to death, however, the staphylococcus albus was obtained in pure culture from the meninges and further comment is needless.

Warthin, one of the pioneers in cytological investigation, in 1896 was working out a case of sarcoma originating in the pleural cavity. During this research he examined the exudate from one case of tuberculosis, and found endothelial cells and fibroblasts present. He obtained the fluid from the dead house, and his mistake is easily accounted for, as after death large flakes of endothelium would easily be detached and in these old standing cases only a few lymphocytes are present.

CYTO-DIAGNOSIS IN MALIGNANT DISEASE.

The crucial point which has to be decided here is whether or not it is possible to recognise an isolated cell as possessing malignant characteristics.

It is probable that malignant growths complicated by pleural effusion, hydrocele, or ascites, can only rarely, and under exceptional circumstances, be diagnosed from the cytological picture presented by these fluids.

Those cases in which considerable portions of breaking down neoplasm occur are not at present under discussion: vesical tumour,

for instance, has often been recognised from such appearances when the urine was submitted to histological examination. Lovell Gulland investigated three cases of pleurisy complicating carcinoma of the lung. He considers that many cells from the growth are often to be found in the fluid; these are swollen, larger than those usually seen, present abnormalities of the nucleus, and often show fatty degeneration. One of his cases showed a large excess of polymorphonuclear cells.

Earl has also examined effusions due to neoplasm of the serous membranes. He concludes that carcinoma cells may be absent, but are *occasionally* undoubtedly present. The authority of Quinke is given for the statement that neoplastic cells often contain glycogen, while it is only rarely present in the endothelial variety. The same writer holds that the presence of mitotic figures is greatly in favour of malignant disease.

Barjon and Cade found that their results in carcinomatosis of the peritoneum were too variable to be of any diagnostic value. In two examples the small lymphocyte was found to be the principal cell, while in four others endothelial elements predominated.

TABLE IV.

Nature of case.	Primary Growth.	Secondary deposits.	Nature of cells.	Mitosis.
Sarcoma of testis, hydrocele (38)	Testis, small round cells	Spermatic cord	Endothelial cells = 86.6 per cent.	—
Carcinoma of liver, ascites (20)	Liver	—	Endothelial cells = 77.4 per cent.	—
Malignant teratoma, ascites (33)	Left ovary	Liver (one node)	Polynuclears = 41.4 per cent., endothelial cells = 21 per cent., much blood free	—
Carcinoma of lung, effusion (24)	Tissues round oesophagus, splenoid cells	Right lung, pleura, liver, mediastinal and retro-peritoneal glands, etc.	Small mononuclear cells = 42.4 per cent.	—
Carcinomatosis of pleura, effusion (40)	Left ovary	Peritoneum, both pleurae	Endothelial cells = 90.8 per cent., a film stained by van Gieson's method did not bear this out.	—
Sarcoma of testis, hydrocele (14)	Left testis,	Peritoneum, omentum, surface of intestines, retroperitoneal glands, liver, spleen, left kidney, pleurae, anterior mediastinal glands	Small mononuclear cells = 77.0 per cent.	—

Warthin's instance of primary sarcoma originating in the pleural sac, besides having a great historical interest, is almost unique.

In spite of the fact that a spindle-celled sarcoma involving the pleura is very uncommon, it appears to me an extremely hard matter to make a diagnosis from an examination of isolated cells, however numerous they may be in the fluid obtained, and this impression is strengthened by a perusal of his paper. Dr. Warthin did not find any large masses of aggregated cells upon an examination of which he might have based his claim that the growth was diagnosed cytologically. The presence of numerous mitotic figures is certainly in favour of neoplasm, but they may occur in non-malignant cases. The addition, too, of a table to differentiate sarcoma cells from fibroblasts tends to show that our author felt he was grappling with a difficulty. Naturally he insists that his cytological findings were verified by autopsy, but that is not the point.

In my opinion Widal and Ravaut partly explain the cell formulae found in malignant disease, when they class these cases with the mechanical effusions. In certain instances a fair number of polynuclear cells is seen; when this happens it indicates that some inflammatory reaction has occurred during the development of the neoplasm which, as is well known, is not uncommon. If endothelial cells predominate, the new growth is merely causing a mechanical pressure effect.

Table IV. gives my results in six examples of malignant disease, and many of them can be explained on Widal's hypothesis. The most striking point is the entire absence of mitotic figures in the cells. In all instances special attention was directed to this factor, and the specimens carefully examined for evidence of mitosis. The only case in which a few mitotic figures were found in the endothelial cells has already been dealt with and, as the patient was in excellent health eleven months after the attack of pleurisy, her illness could not have been due to new growth.

This failure to find any evidence of mitosis in no way invalidates its importance, and when a cytological diagnosis is possible it will probably depend on the presence of numerous mitotic figures in the cells.

In two cases (sarcoma of testis and hydrocele, carcinoma of liver and ascites) the endothelial cells varied between 77.4 and 86.6 per cent. of the total number. In these instances the most feasible explanation is that the new growth acted mechanically by pressure on the blood vessels, and consequently endothelial cells predominated in the fluids examined. Hence the nature of the cells does not

afford a clue to that of the disease and merely indicates a pressure effect.

Case 33, malignant teratoma* of ovary with ascites, may also be taken as showing a fair number of endothelial cells, for although they only amounted to 21 per cent. there was a quantity of blood present which would account for the polynuclear cells (41.4 per cent.) being more numerous than usual. In this example the lymphocytes numbered 33 per cent. and no cells pointing to malignant disease were present in the ascitic fluid.

In a case of pulmonary carcinoma (24) 38 per cent. of endothelials were found, and the lymphocytes amounted to 42.4 per cent. No cells at all suggestive of neoplasm were seen.

In the second case of testicular sarcoma (14) the small round celled elements amounted to 77 per cent., and it is possible that they might have been sarcoma cells, but no absolute proof of this was obtained. The outline of the cells was ill defined and they stained diffusely, otherwise they were morphologically identical with the small lymphocyte. Case 38 shows that small round cells are not constant in sarcoma of the testis when complicated by hydrocele.

Case 40 is of very special interest. Diffuse carcinomatosis of both pleuræ and of the peritoneum was found at autopsy. The Primary growth proved to be carcinoma of the left ovary. A film from the pleural fluid stained by Leishman appeared to contain 90.8 per cent. of endothelial cells. Another preparation, stained by van Gieson and hæmalum, aroused suspicion that malignant disease might be present. The cells were aggregated into placards considerably larger than those commonly seen formed by endothelial elements. From the shape and size of the cells and their nuclei neoplasm was considered to be present, and this was subsequently found to be the case.

I regard the above example as the exception which goes to prove the rule. Too much has been claimed for cytological methods where neoplasm is concerned. In these instances cyto-diagnosis will exclude tuberculous infection, but not some inflammatory condition complicating a new growth, for here polynuclear cells might predominate to such an extent as to lead to the conclusion that some acute infective process is present instead of malignant disease. Simple tumour or neoplasm may both produce pressure effects and then present an identical cell picture in which the endothelial predominates. The only conclusion possible is that cyto-diagnosis is of very limited value in malignant disease. I regret that the Glycogenic reaction was not tried in any of my cases.

* For full report see "A case of Malignant Teratoma of Ovary." L. S. Dudgeon. *Journal of Obstetrics and Gæneology*, January, 1906.

TABLE V.

Nature of case No.	Remarks.	Chief cell.	Micro-organism isolated. ¹
Pneumothorax, empyema (1)	Probably tuberculous in origin, secondary infection with pyogenic organism	Polynuclear cells = 97.6 per cent.	—
Post-basic meningitis (9)	The ears were normal	Polynuclear cells = 67.5 per cent.; many contained diplococci	The meningococcus.
Septic meningitis (16)	Ears normal; a very chronic case of 8 months' duration	No cells seen	The <i>staphylococcus albus</i> . Grown from the cerebro-spinal fluid during life.
Pleural effusion (23)	Rheumatic (?) ; septic (?) ; sudden onset with pains in the limbs and back, pyrexia and sweating; history of rheumatism	Polynuclear cells = 71 per cent.	—
Septic meningitis (26)	Ears normal	Polynuclear cells = 88 per cent.	The <i>staphylococcus albus</i> . Grown from cerebro-spinal fluid during life and obtained at autopsy.
Pleural effusion (28)	Numerous cocci and bacilli were seen in the films	Polynuclear cells = 68 per cent.	—
Meningitis (? cause) (32)	Discharge from the right ear	Polynuclear cells = 32.8 per cent; lymphocytes = 41.6 per cent.	Cerebro-spinal fluid was sterile. No autopsy was allowed
Pyloric carcinoma, empyema (34)	—	Polynuclear cells = 69.8 per cent.	The pneumococcus in pure culture.
Perforated gastric ulcer, pleural effusion, sub-diaphragmatic abscess (41)	—	Polynuclear cells in large excess	—
Septic meningitis, subdural abscess (35)	Chronic otorrhœa; acute mastoiditis	Polynuclear cells = 91.2 per cent.	The <i>staphylococcus albus</i> in pure culture. A bacillus morphologically resembling <i>B. Diphtheriæ</i> (not cultivated).
Post-basic meningitis (43)	Otorrhœa (?)	Enormous numbers of polynuclear cells. Inside many of them diplococci were seen	The meningococcus.
Empyema (44)	Suprapubic prostatectomy had been performed. The case was subsequently complicated by carbuncle and perineal abscess. At the present time (3 months later) doing well	Finely granular polynuclear cells almost exclusively.	A streptococcus was isolated, but it died out.

¹ The bacteriology of these cases was worked out by Mr. L. S. Dudgeon at St. Thomas's Hospital.

ON THE SIGNIFICANCE OF THE FINELY GRANULAR POLYMORPHONUCLEAR CELL IN PATHOLOGICAL FLUIDS.

Since Widal and Ravaut first noted a large excess of finely granular polymorphonuclear cells in acute infective pleurisies, examples of septic meningitis, and certain other conditions, investigators have again and again verified their results.

I have obtained and tabulated* twelve instances of this class of case and it will be observed that in eight of them the bacteriology has been worked out. In two cases of postbasal meningitis (9 and 43) the polynuclears were the principal cells in the cerebrospinal fluid, and many of them contained diplococci.

Dr. Henry Koplik draws attention to the cytology of posterior basal meningitis,† and states that in most examples a "polynuclear picture" is found. In one case, however, a "mononuclear picture" was observed, and here the disease was characterised by extreme chronicity and hydrocephalus. Koplik believes that the polymorphonuclear cell had eventually given place to the lymphocyte, but there is no proof of this. Such instances should not cause difficulty, unless an examination of the cerebrospinal fluid has been postponed till late in the disease.

In case 34 an empyema complicated malignant stenosis of the pylorus. Previous to operation a semi-purulent fluid was obtained in which the polynuclear cells amounted to 69·8 per cent. It was proved by bacteriological investigation that the pneumococcus was the cause of infection. Earl, Widal and Ravaut, and others state that polymorphonuclears predominate under these circumstances; Earl adds that numerous endothelial cells may also be present, and Widal refers to the phagocytic action of the macrophages on the microphages in his example of pneumococcic pleurisy. In my case, however, only 9·8 per cent. of endothelial cells were noted.

There is no definite‡ evidence to prove that rheumatic fever has any part in the aetiology of pleural effusions, but pathologists have for some time past considered this a possible hypothesis, and it is a favourite argument with those unwilling to admit the tuberculous origin of most primary "idiopathic" pleurisies.

While declining to express any opinion I may draw attention to case 23 as an interesting one from this point of view. It will be seen that just over 70 per cent. of polymorphonuclear cells were present.

Earl refers to "true rheumatic pleural effusions" occurring in the course of acute rheumatism, and has found that in such instances the polynuclear is the chief cell.

* See Table V.

† Amer. Journ. of Med. Science, Vol. CXXIX., p. 278.

‡ Since writing the above I find that Prof. Osler fully recognises a rheumatic type of pleurisy.

In the literature the cytology of the cerebrospinal fluid in acute septic meningitis has received but scant notice in comparison with the attention paid to the tuberculous and post basic varieties. I have records of three cases and have been struck with the fact that the staphylococcus albus has played a part in all.

In two of the examples this seems to have been the only micro-organism present, and in both these the channel of infection was apparently not via the tympanic cavity. In the remaining case a mixed infection, originated by a chronic otorrhæ, caused death within a few days.

In two of these cases 88 and 91·2 per cent. of polymorphonuclear cells were found. In the third no cells were seen,* but the clinical aspect of this example was peculiar. Since its duration extended over a period of more than eight months, it cannot be described as "acute" or highly "toxic." On the other hand, there seems no reason to doubt that the meninges had been infected by the staphylococcus albus.

Dudgeon, Sargent, and Ross have all shown that as a rule large numbers of polynuclear cells appear within a very short time of infection by this micro-organism.

Case 26 may be again cited as presenting 88 per cent. of these cells, while the staphylococcus albus was alone isolated in pure culture both during life and at autopsy.

Although instances of septic meningitis present the same cytological picture as the post basic variety, the clinical features will usually suffice for a correct diagnosis. Moreover, as the presence of the cocci *within* the cells is a characteristic feature of post basic meningitis, an examination of film preparations provides an additional clue.

Case 41 calls for no special comment. It concerned an instance of subdiaphragmatic abscess complicated by a pleural effusion, in which polynuclear cells were observed in large excess.

Example 32 is included here as it was most probably an infected case; at the same time it must be remembered that otitis media may be due to tuberculosis, and that according to Widal the cell count would not negative such a possibility. In the light of my own experience I should hesitate to diagnose tuberculous disease with only 41·6 per cent. of small lymphocytes.†

The last example in the table is one of streptococcus empyema secondary to a septic condition of the genito-urinary organs after enlargement of the prostate. Polynuclear cells were found almost exclusively in the fluid obtained a few days before the empyema

* Unfortunately only one examination of the cerebrospinal fluid was made.

† A guinea pig was inoculated intraperitoneally with the fluid, but died twelve days later. There was no evidence of tuberculosis.

developed and long chains of streptococci were seen in the films. this organism was isolated but died out so quickly, that further identification was impossible.

My findings in these acute infective cases have only confirmed those of other authors in this department of the subject.

THE CYTOLOGY OF MECHANICAL EFFUSIONS.

Widal and Ravaut in their original monograph class as mechanical those painless and often rapid pleural effusions which occur in the terminal stages of cardiac and renal disease. This outpouring of fluid is usually attributed to increased venous pressure with engorgement of the right heart and great vessels. Be this as it may, the cytological aspect of the fluid in these examples is very different from that which obtains in tuberculosis or acute infective processes.

Endothelial cells are found to be present almost exclusively and are often aggregated into plaques. Widal and Ravaut account for the absence of these cells in tuberculosis by supposing that the formation of a tuberculous membrane prevents any desquamation taking place. They further state that numerous endothelial cells point to a mechanical effusion, notwithstanding the presence of small lymphocytes and polymorphonuclears.

I have been unable to examine the pleural fluid in a case of pure hydrothorax, but am acquainted with some experimental work which goes far to support Widal's observations.

In a paper on acute diphtheritic toxæmia just recently read by Mr. L. S. Dudgeon before the Neurological Society of London, the author gives an account of the cytology of the pleural fluid in guinea pigs dying in this state with marked cardiac failure. An excess of endothelial cells was found in every instance, and they were often massed together into plaques. The condition was strictly equivalent to a hydrothorax, and the cytological findings agreed with those of Widal and Ravaut under similar circumstances in the human subject.

TABLE VI.

Nature of case.	Principal cell.
Cirrhosis of liver; alcoholic and syphilitic histories obtained (22). Negative inoculation experiment.	Endothelial cells = 78·6 per cent.
Cirrhosis of liver (21)	Endothelial cells = 95·4 per cent.
Cirrhosis of liver. Provisional diagnosis was tuberculous peritonitis (7).	Endothelial cells = 61 per cent.
Chronic peritonitis. Ovarian cyst previously removed (42)	Endothelial cells = 97 per cent.
Cirrhosis of liver (25).	Endothelial cells = 26 per cent, small lymphocytes = 33 per cent.
Chronic hydrocele (3)	No cells seen.
Chronic hydrocele (15)	Endothelial cells = 95·2 per cent.

In table VI four cases of hepatic cirrhosis are recorded and in three of them a large excess of endothelial cells was present. This is a feature to be expected, since the accumulation of ascitic fluid is due to mechanical obstruction of the portal vein and its tributaries.

For similar reasons a case of carcinoma of the liver, already dealt with, showed a cell count in which endothelial elements predominated. One or two inoculation experiments were performed with the fluid obtained from the cases now under consideration. In every instance it proved to be harmless. Film preparations were made from the peritoneal fluid of the guinea pigs used, and these showed no departure from the normal cytology.

Much difference of opinion exists among writers as to the value of cell counts in cirrhosis of the liver and allied conditions. Barjon and Cade consider the results are too variable to be of much value for the cyto-diagnosis of ascites. I am compelled to differ from them in this estimate of the value of their results, which are satisfactory enough. In two cases of alcoholic cirrhosis and in one of ovarian cyst, all with ascites, they found that the endothelial was the chief cell. In two examples of tuberculous peritonitis there was a marked lymphocytosis in the peritoneal fluid. Earl finds that the ascitic fluid produced in cases of hepatic cirrhosis contains endothelial cells, as a general rule, with the addition of a moderate number of polynuclears and a few small lymphocytes.

It might be thought that as "the endothelial picture" is so constant in cirrhosis of the liver, no useful purpose would be served by making these examinations. In reality, however, the importance of a cell count cannot be over estimated. We have the good authority of Dr. Hale White and others for stating that tuberculous peritonitis is a frequent complication of hepatic cirrhosis.* In the cases I happen to have examined cytologically the inoculation experiments may be taken as proving that this complication did not exist.

In such an example the endothelial cells should be to a large extent replaced by lymphocytes. This is a point of great interest and one deserving of further investigation †

Cyto-diagnosis proves its value in such an instance as case 7 of table VI. A provisional diagnosis of tuberculous peritonitis had been made. There were 61 per cent. of endothelial cells present in the ascitic fluid. In a short time it became evident clinically that the case was not one of tuberculous peritonitis, and this was further supported by a negative inoculation experiment.

* See Allochin. "A Manual of Medicine," Vol. V.

† Hepatic cirrhosis.

Case 25 produced the following cell count:—

Finely granular polynuclear cells	...	...	24	
Small lymphocytes	...	...	33	} 41
Large lymphocytes	...	...	8	
Coarsely granular polynuclear cells	...	...	7	
Endothelial cells...	...	...	26	
			98	
			=	

The case was diagnosed as cirrhosis of the liver; colicky pains and diarrhœa were marked. The liver edge could not be felt and there was no pyrexia. As far as cytology goes this example is not suggestive of cirrhosis. Unfortunately no animal experiment was performed, and it is an open question whether the case was not one of tuberculous peritonitis, possibly with cirrhosis superadded. In this event I should have expected rather more than 41 per cent. of lymphocytes.

No less than 97 per cent. of endothelial cells were found in a case of chronic peritonitis associated with ovarian cyst, which latter had been removed some time previously.* A painting has been made to show the extraordinary size of the cells present, and the multiple nuclei contained in many of them. It is to be noted that no evidence of malignancy in the shape of mitotic figures could be demonstrated in any of the cells.

A similar example is quoted by Barjon and Cade, but they make no mention of any special features regarding the cells.

I have obtained no case of tuberculous peritonitis that could be included in my series, but within the last few days one was observed in which the small lymphocyte predominated. Those who have done cell counts on the exudate in tuberculous infection of the peritoneum all testify to the presence of large numbers of small lymphocytes, and I should unhesitatingly endorse this view from what I have myself observed in experimental work on animals.

When a mechanical cause is the only one producing an out-pouring of fluid into a serous sac, the cytology of that fluid will be characterised by the predominance of endothelial cells.

SUMMARY AND CONCLUSIONS.

(1) In spite of some anomalies and certain discordant results the cytology of pathological fluids is of considerable value in the diagnosis of disease.

* It is quite possible that these cells should not be termed "endothelial," for they may be derived from the covering of the ovarian cyst or its remains. The reader is referred to the painting.

(2) It is absolutely necessary that all films should be prepared from the fresh fluid and that a reliable staining reagent be used. Leishman's stain is by far the most suitable.

(3) A predominance of small lymphocytes in a pleural or peritoneal exudate points to tuberculosis with but few exceptions. The percentage of such cells in the pleural fluid is usually very high.

(4) An excess of small lymphocytes in the cerebrospinal fluid of a child is characteristic of tuberculous meningitis, provided that syphilitic meningo-encephalitis be excluded.

(5) The comparative high percentage of polynuclear cells stated by Widal and others to be present in the early stages (?) of tuberculous meningitis is not a constant phenomenon. Many cases show only lymphocytes from the first.

(6) The term "pseudolymphocyte" is highly misleading and should be discontinued.

(7) Cyto diagnosis is very rarely of value in malignant disease.

(8) In acute infective inflammations of the serous membranes the fluid consists almost entirely of finely granular polymorphonuclear cells.

(9) The endothelial cell is pathognomonic of mechanical effusions into serous cavities, but such effusions may be due to very different causes and the above statement only applies to uncomplicated cases.

(10) An excess of endothelial cells excludes tuberculosis or acute infection with pyogenic micro-organisms.

(11) In the very early stages of peritoneal tuberculosis in animals the peritoneal fluid may appear normal, but given sufficient time, a lymphocytosis will develop. This fact emphasises the necessity for a complete histological examination of all the organs, and the danger of trusting to macroscopic evidence alone.

(12) It will be unnecessary in future to have recourse to animal experiments to prove the existence of tuberculous pleurisy, if a well marked lymphocytosis has been obtained.

(13) I fully agree with the following remarks of Dr. Turton. "I contend that in no case should a diagnosis be based wholly on the result of the cytological examination, but this should form merely a valuable link in the chain of clinical evidence."

Drs. S. J. Sharkey, T. D. Acland, H. P. Hawkins, H. G. Mackenzie, H. G. Turney and J. J. Perkins have all granted me permission to make free use of the cases under their charge at St. Thomas's Hospital, and to them my best thanks are due.

Had not Mr. L. S. Dudgeon kindly performed all the animal experiments for me the section on tuberculous pleurisy, the

principal subject of my research, would have been both unscientific and wholly inadequate.

I have to acknowledge the courtesy of Dr. H. Harwood Yarred, Resident Assistant Physician to St. Thomas's Hospital, and the House Officers of the past year for affording me every facility while collecting material from the wards.

Dr. W. O. Meek has been good enough to furnish me with particulars of two cases which came under his observation while acting as house physician at the Brompton Hospital.

Dr. R. H. Bell on Tubal Gestation.

WE would like to draw the attention of our readers to a paper which appeared in the "Journal of Obstetrics and Gynaecology of the British Empire" for December last, as it is one which has a very special interest to us as St. Thomas's men. The paper is entitled "Early Tubal Gestation: a clinical study based on a personal observation of 88 cases," and is written by our late Obstetric Registrar, Dr. R. H. Bell. From the early summer of last year up to the time of his death, Dr. Bell had devoted himself to tabulating and analysing all the cases of early tubal pregnancy which had been admitted to Adelaide in the years 1899-1905, *i.e.*, from the time he had been connected with the ward, first as S.O.H.P., and afterwards as Registrar. The paper is a striking example of Bell's industry and of his thoroughness of method and we hope that all who have the opportunity of seeing the Journal in which it appears will make a point of studying the paper at length.

Besides its association with our late registrar this paper has a further interest to all St. Thomas's men in that it consists in great part of a discussion as to the best method of treatment in these cases, based on the results obtained in the Hospital. A brief resumé of this very important paper will, therefore, not be out of place in the *Gazette*.

34 out of the 50 pages which it occupies are taken up with the tables. In them the essential points in the history of each of the 88 cases are given and the after history wherever such was obtainable. A glance at the wealth of detail in these tabulated records will suffice to indicate the time and labour which their preparation must have cost.

After an analysis of the tables, the light they throw on the questions of diagnosis and treatment is next considered. The character and relations of the pain, hæmorrhage, and other symptoms, are carefully worked out and much valuable information is obtained as to their frequency and importance in diagnosis. No doubt the chief interest of the paper will be thought to lie in the discussion of treatment, as it was this question that originally led Dr. Bell to undertake the work. As is stated in the introduction to the paper, he was influenced by a series of 75 cases from St. Bartholomew's published by Dr. Champneys in 1902, in which the expectant treatment was followed rather than the operative. The latter part of the paper is therefore, taken up with a comparison of the results obtained in the 75 cases from St. Bartholomew's with those obtained in the 88 from St. Thomas's, where surgical treatment was adopted in all but very mild cases. It is impossible to go through the discussion of the figures but, as the percentage of fatal cases in the Bartholomew's series was 9·3 as against 3·4 in the St. Thomas's series, the argument is naturally in favour of our methods.

The tragic suddenness of Dr. Bell's death is brought before the reader by a break in the text with a note stating that the author died before he had finished his paper and that the concluding paragraphs were elaborated from his rough memoranda.

To us there is a certain gratification in that Dr. Bell's last and perhaps most important paper should be so intimately bound up with his work here and that it should be largely occupied in advocating the methods and teaching of the Hospital.

Plombières.

PLOMBIÈRES, which by a slight détour I visited on my way from Italy to England this Summer, is a small town of some 2,000 inhabitants in the department of Vosges. Its station is the terminus of a branch line from Aillevilliers and may be reached fairly easily from London in about 18 hours via Paris or Laon. Though a watering place of some reputation from very early times, its present vogue is a comparatively recent one and depends upon its method of treatment of the now fashionable disease Entero-Colitis. Some description of this treatment may not be out of place in the *Gazette*. Intestinal douches and baths are the important parts of the "cure," though most patients are also ordered to drink a certain amount of the water. The water is derived from 27 warm springs of temperatures varying between 76° and 166° F. For use as baths and douches the waters of all the springs are mixed; the result is an "indifferent thermal" water, containing a small amount of silicates and a minute trace of arsenic.

On arrival at Plombières the patient is seen by one of the physicians practising there and has the details of his course prescribed. In the morning he walks or is carried to one of the two principal establishments, the Bain Stanislas or the Nouveaux Thermes, the arrangements in each being similar but their positions at opposite ends of the town. He is shown into his cabinet for the administration of the intestinal douche. This is a small room containing a couch covered by a white sheet. In the middle of the couch is an opening beneath the position of the buttocks with a basin below. At the foot of the couch is the receptacle for the water. This piece of apparatus moves vertically up or down a scale graduated in centimetres. The amount of water contained at any moment is shown by a small column of the water on the outside of the vessel. The temperature is checked by a thermometer attached. The water is introduced by means of a soft rectal tube of medium length. The patient lies on the left side for the introduction of the water. As a rule not more than half a litre is given at a time. He is instructed to turn over on to the right side until ready to expel the injection and then to turn on to the back. The injection is not meant to be long retained, and as a rule is returned in 4 or 5 minutes at most. The water is run in moderately slowly, about a minute being occupied in introducing half a litre. The temperature of the water is from 98° to 118° F. according to the physician's prescription, being as a rule about 104° F., and the pressure varies between

10 and 24 inches. When the patient is once fairly embarked upon the cure some 7 of such injections may be given at one visit. As a rule he starts with 3 or 4. After the douche comes the bath for which the patient goes to another room. This is given in an ordinary large bath. Its temperature is from 96° to 102° F., according to the physician's orders and its duration varies from 15 minutes to an hour.

After this the patient finds his way home and rests until lunch. In the majority of cases no strict orders as to diet appear to be given, and the patients eat at their own discretion. In the afternoon there is a choice of a few excursions to pass the time, but the majority of patients betake themselves either to the Casino to hear the band, or to the Park, a very beautiful one. Between 5 and 6 p.m. most of the active patients are under orders to walk to a spring some half mile distant from the principal hotels and drink a glass of hot water. After this comes dinner and a return later to the Casino. The "Cure" takes from three weeks to a month. As in so many other "cures," there is not always an immediate amelioration of the symptoms, but in such cases the patient may hope for improvement a month or more after the conclusion of the treatment.

Various theories are advanced as to the mode of action of this cure, and therapeutic actions are ascribed to one or other of the mineral contents of the waters or to their radio-active properties. These latter were investigated by the late M. Curie who placed Plombières in the first rank among French thermal waters in this respect. Without discussing such theories one need scarcely be surprised that good results are obtained in a certain number of cases of muco-membranous enterocolitis by the frequent application of warm and slightly alkaline water to the disordered mucous membrane of the large bowel, while the calming effect upon the nervous system of prolonged tepid baths may well be useful in such a disease.

E. A. G.

The Pierrots.

IF it were required to demonstrate the merits of these performers to any, who had not made their acquaintance, no more convincing proof of their excellence could be put forward than the number of those, who journeyed from afar to hear them. That those, who still work within the hospital, should come in crowds is natural enough, for to them the getting there demands but the minimum of determination, and there is always the added attraction of seeing some especial friend with a whited face and a hitherto unsuspected wealth of wit and melody. But among the audience were a not inconsiderable proportion, who had thought it well worth while to make a journey through the mud and thawing snow. It seemed as if everybody, who had ever been a member of the hospital and who was still within reach of it, had managed to attend one performance and there were many who came to more than one.

The performance, as a whole, was rather above the average and in saying this a not inconsiderable compliment is intended. The relatively serious part of the programme was perhaps hardly as good as we have been accustomed to in recent years. Gibbs has been a great loss and no performer has yet been found to fill Gibson's place. Stobie, however, has a pleasing voice and his singing of "Take a pair of Sparkling Eyes" gained well merited applause. Stobie is only in his second year and we may hope to hear him for many a Christmas to come.

Beyond a doubt the great strength of this year's troupe lay in its comedians. Whitnall, unfortunately, was unable to appear at all the performances and his loss on these occasions was the more felt from the fact that we had to do without several delightful duets. Wallace more than sustained his reputation as a popular humorist and his spirited rendering of "Hello! Hello! Hello! It's a Different Girl Again" brought down the ward on every occasion in which it was sung. His voice was admirably adapted to the beautiful melodies, which he had chosen, and he spared no pains to bring out to the full the meaning of his verses. Wallace is the veteran of the band and his annual antics have been so long a source of joy that we feel obliged to view the conduct of the examiners at Oxford, who let him through the M.B., with considerable reprobation.

Todd was, perhaps, the best of the three humourists. All his songs went well and to him was entrusted the singing of the topical song. This was the work of H. T. Gray and was a model of what a topical song should be. That is to say, all the verses were loudly

applauded and up to the time of writing we have heard no report of anybody's feelings being hurt. There seemed to be an endless supply of verses, all of which had a point and the tune was distinctly pleasing. The refrain was so good that it might with advantage be employed in years to come. But of Todd and the songs which he sang, is it not written in the column of the "*Daily Telegraph*"?

The chorus was quite good at the choruses and exhibited during the intervals an admirable self-restraint. Much of the credit for this year's performance is due to Maclean and on the success, which rewarded his labours, we offer our heartiest congratulations.

Performers.

Sir Q. Lation	-	-	-	-	A. I. COOKE.
Miss Sally Vation	-	-	-	-	A. G. V. FRENCH.
Mr. Sam Omah	-	-	-	-	F. M. NIELD.
The Wandering Spleen	-	-	-	-	J. WALLACE.
Miss Emmie Tic	-	-	-	-	G. PRICE.
The Pious Patch	-	-	-	-	R. E. TODD.
Mr. Tim Panites	-	-	-	-	E. L. FYFFE.
The Loose Body	-	-	-	-	S. E. WHITNALL.
Mr. John Diss	-	-	-	-	B. G. GUTTERIDGE.
Sister Circus	-	-	-	-	H. STOBIE.
Grannie Lomar	-	-	-	-	B. A. CHEADLE.
Auntie Pyrin	-	-	-	-	N. W. JENKINS.
Uncle Clonus	-	-	-	-	I. C. MACLEAN.

Copical Song.

I.

I FEAR my tale is old and stale
 To many who are here,
 But bear with me and I will tell the reason
 Old Mother Thomas I'd regale
 With verses and good cheer
 As usually befits this merry season.

A parasite am I,
A parasite are you,
And that we're obligatory
I now will prove it true ;
We live inside her walls,
We face her silent halls,
Whate'er within the brain we have
To Thomas' is due.

So join with me I pray
And with a loud hurray
Give blessings on our hospital
And listen to our lay.

Chorus, &c.

II.

I sing a stately edifice,
You know the one I mean,
Whose minnarets the borough doth embellish,
How with its new inhabitants
Quite homely it will seem,
But the hundreds living in it—
(will be dreadful to think of).

At the warning of Big Ben
Each in her little den
And tucked up in her little cot
Must be at half-past ten.
As regards ablutions too,
Well the baths are rather few,
Still of water there will doubtless be
Enough for one or two.

There's many a dismal room
Where the sunbeams never loom,
Well, they'll do for the naughty ones
To lock them up in gloom.

Chorus—

Then join with us, we pray, &c.

IV.

Now economic principles
To one ward are annexed,
The departure we lament of their possessor,
When Leopold's forsaken in the future we expect
Expenses to increase with her successor.

They'll want a second tin
To put the dressings in,
I hear that only yesterday
They lost that safety pin.
I think that "entre nous"
We shall no longer view
In every pair of Herniæ
One sac between the two.

Still, now they know the way
Economy to play,
Good luck to her and may she ever
Keep expense at bay.

XIII.

In our Metropolis there is
A great Society
Where meet the chosen men of our profession,
I sing of Mr. Ballance, for
Their president is he,
And proud are we that he is our possession.

How deftly doth he steer
Into the middle ear,
The many cocci lodging there
His name have learnt to fear.
They've made him M.V.O.
And all of you must know
How last year Kaiser Wilhelm did
An honour great bestow.

Now "Equilibrium"
To th' ataxic oft doth come
When he probes the dark recesses
Of the human cranium.

Chorus, &c.

XII.

A Surgeon great, youv're heard—of late
Has come into his own,
And freely now can exercise his *hobbies*;
A polypoidal nasal state
Will quickly raise the tone
Of Albert—now that half the beds are ——,

An adenoid he craves,
A tonsil is his pet,
He loves to use the spoke-shaves
And handle the curette.
He puts so deftly straight
The septum deviate;
Inside a larynx he doth ache
His little foot to set.

Now then—"D'you see" !
And you'll all agree with me,
That when he says that little phrase
With him you must agree.

XVI.

You're bored with our performance,
You're weary of our show,
But bear with us and we will tell the reason ;
You'll all be glad to see the last of poor old Pierrot
Because he comes to see you every season.

Now I'm a Pierrot,
A rotten lot we know,
But very fond of 'Thomas'
And of our yearly show.
We pray you to be kind,
To our backslidings blind,
That when we're gone, tho' out of sight
We'll not be out of mind.

So if we've nought to fear
We may once again appear,
And end by wishing all of you
A Prosperous New Year.

Club Notices.

Owing to the Xmas vacation there have been but few athletic enterprises to chronicle.

On December 15th an extraordinarily weak 1st XV. met and were vanquished by the U.S.C. Old Boys at Chiswick. The score 82 points to nil does not by any means represent the play, especially in the first half of the game.

On January 5th the London Irish defeated us by 14 points to nil at Chiswick. They were distinctly superior to us at all points of the game, the majority of the play taking place in our half of the field. We were glad to see Rae and Fox back again in the team. We should be considerably stronger now in the field than before Xmas and there are rumours of a new three-quarter making his appearance in the team.

There have been no other matches played since our last issue; so we can but hope for "Success and Prosperity in the Football Field in 1907."

The Draw for the Inter-Hospital Cups (1st Round) was as follows:—

1st XV.			"A" XV.		
Bart.'s	...	...	London	...	...
Mary's	...	...	Bart.'s	...	...
London	...	...	Guy's	...	...
King's	...	...	Thomas'	...	...
Westminster	...	...	Mary's—a bye.		
Charing Cross	...	...	
Thomas'	...	...	
Guy's	...	...	
University	...	...	
Middlesex	...	...	

Examination News.

UNIVERSITY OF OXFORD, December, 1906.

First M.B.

Organic Chemistry.—A. E. Mavrogordato.

Second M.B.

Pathology.—H. A. Philpot, S. E. Whitnal.

Forensic Medicine and Public Health.—H. H. Carleton.

Medicine, Surgery and Midwifery.—H. H. Carleton, H. A. Philpot, J. Wallace.

UNIVERSITY OF CAMBRIDGE, December, 1906.

Second Examination.

Human Anatomy and Physiology.—R. H. W. Fisher.

Third Examination.

Pharmacology and General Pathology.—W. Boys Stones, J. H. Crofton, J. C. Fox, H. C. Snell, H. B. Wilson.

Surgery, Midwifery and Medicine.—A. H. Fardon, W. H. R. Sutton, H. A. R. E. Unwin, S. L. Walker.

UNIVERSITY OF LONDON, December, 1906.

M.D. Examination.

Branch II. (*Pathology*).—C. G. Seligmann, University Medal.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

St. Thomas's Hospital Gazette.

No. 2.

FEBRUARY, 1907.

Vol. XVII.

Hospital Notes.

A. Vaughan Bernays, of Solihull, Warwickshire, has been appointed Justice of the Peace for the County of Warwickshire.

★ ★ ★

J. H. Croudace has been appointed Justice of the Peace for Stafford.

★ ★ ★

E. M. Wrench, F.R.C.S., J.P., of Baslow, Derbyshire, has been created a member of the 4th class of the Royal Victorian Order.

★ ★ ★

H. Catling has been appointed to the West African Medical Staff in Southern Nigeria.

★ ★ ★

W. L. Harnett, whose recent developments have led us to suspect of embarking upon a military career, has eclipsed all previous records by passing first into the Indian Medical Service with a phenomenal lead of marks. The second place in the examination was also taken by a St. Thomas's man, W. P. G. Williams, who obtained a total of marks which has only *once* been exceeded of recent years.

★ ★ ★

J. L. Wood, and E. M. Middleton, have passed into the Army Medical Corps; the former obtaining the 8th, and the latter the 14th place.

★ ★ ★

T. A. King has been appointed Medical Officer of Health for the Stratton and Bude Urban District.

R. H. Grimby has been reappointed honorary surgeon to the Newton Abbott Hospital.

* * *

H. S. Sington has obtained the post of Clinical Assistant to the Chelsea Hospital for Women.

* * *

A. C. Birt has been appointed Certifying Surgeon under the Factory Act for Wantage.

* * *

G. F. Darker has resigned his post of Medical Officer on the Gold Coast.

* * *

We offer our congratulations to Dr. Box on his recovery from his recent severe illness.

* * *

With the last number of the *Gazette*, the Editor for the past year reluctantly completed his labours and is indebted to the present Editor for permitting him in this number to make his final bow.

While humbly apologising for his many and obvious literary blunders, he trusts that the *Gazettes* of the past year have compared not unfavourably with those of his predecessors in the editorial chair.

To the numerous and ever ready contributors to the Journal he wishes to convey his warmest thanks, and he trusts that they will afford to his successors a like assistance. For it is only by the contribution of news, both by those who are at the Hospital and by those who have left it, that interest in the paper can be maintained.

* * *

The Goulstonian Lectures, held on March 5th, 7th, 12th, will be given by Dr. E. Farquhar Burrand, The subject of the lectures being "Certain acute infective or toxic conditions of the nervous system."

The following have been appointed house officers :—

Casualty Officers (from 1st April, 1907).—(Senior) J. H. Drew,
(Junior) A. B. Howitt.

Resident House Physicians.—E. V. Dunkley, H. A. Philpot,
M. A. Cassidy, W. O. Sankey.

House Physicians to Out-Patients.—C. E. Whitehead, H. G. Bennett,
G. G. Butler, S. L. Walker.

Resident House Surgeons.—C. M. Page, S. G. MacDonald, H. B.
Whitehouse, R. L. Gamlen.

House Surgeons to Out-Patients.—H. J. Nightingale, H. R. Unwin,
G. M. Huggins, F. M. Neild.

Obstetric House Physicians.—(Senior) A. C. H. Suhr.
(Junior) A. C. D. Firth.

Ophthalmic House Surgeons.—(Senior) W. C. A. Ward.
(Junior) A. S. Burgess.

Special Departments.—(Throat) J. Wallace, W. R. Bristow.
(Skin) R. W. Stocks, W. H. R. Sutton.
(Ear) R. W. Stocks, W. H. R. Sutton.

Dental.—H. W. Read.

Children's Surgical.—S. W. Grimwade, H. H. Carleton.

Electrical Department. } A. J. H. Iles.
X Ray Department. }

THE MEDICAL AND PHYSICAL SOCIETY.

At a meeting of the above Society, on February 7th, the following paper was read by Dr. F. Foord Caiger, before a large attendance,

The Signs and Duration of Infectivity in some of the Common Infective Fevers.

THE subject which it is my privilege to offer a few remarks upon this evening, viz: "The Signs and Duration of Infectivity in some of the Common Infective Fevers," is one which I venture to think is not without some practical interest to every member of our profession, especially to him who has already embarked on the troubled waters of general practice.

It involves the due recognition of such criteria as are available for deciding the important question as to whether a patient is capable of infecting others, or whether, on the other hand, he may be safely allowed to mix with the community.

It must be confessed that in many cases the question is a very difficult one to decide, the indications being often obscure, and the evidence frequently conflicting, and the difficulty is, of course, very much greater in respect to cases in which the original diagnosis has been a matter of some uncertainty. The liberty of one's patient, and hence indirectly, his comfort—not to mention that of his anxious friends and relations—will obviously depend upon the decision of his medical attendant; but in the case of the latter unfortunate individual, it must be confessed that his peace of mind is apt to be contingent on the amount of confidence he is able to place in his own opinion. It behoves us, therefore, to examine very carefully the indications upon which our decision has to be based.

As regards some of these diseases there has been, noticeable during recent years, a considerable modification of the views held by those who have enjoyed opportunities of extended observation of large numbers of cases of infectious disease in respect to the conditions regulating infectivity. This change of opinion is partly dependent upon the advancement of our knowledge as to their bacteriology. In the case of diphtheria and enteric fever the specific causative agent is now so well established, and so clearly definable that the ordinary channels of infection can be readily demonstrated and by the expenditure of a certain amount of time and labour it is possible to decide as to the infectivity or not, of any suspected discharge.

In respect to scarlet fever, unfortunately, the case is not so clear, since the identity of its causative agent has not as yet been conclusively established. We are not, therefore, in a position to actually demonstrate the channels by means of which the disease is transmitted. In the case of scarlet fever, however, it is permissible to argue from its analogy with diphtheria, and, that the

modern view as to the way in which scarlatinal infection is commonly conveyed is right, is strongly supported by the mass of statistical evidence which has been furnished during recent years by those who have been basing their practice upon it.

Now the almost universal practice in respect to the isolation of Scarlet Fever, which has been in vogue, one may say, for generations, has been to insist on a minimum period of detention—usually six weeks—and after that, to keep the patient in seclusion until such time as he has completely finished peeling. The practice, of course, was based on the supposition that a person's infectivity, at any rate in the later stage, especially attached to the desquamation. Special measures, such as the anointing the skin with some oleagenous material being frequently adopted with the object of limiting the diffusion of the minute cuticular scales, which were believed to be endowed with infective properties, it has been frequently the custom, moreover, to incorporate some antiseptic with the unguent with the object of *disinfecting* the cuticle in addition to *checking its diffusion*.

I know of one enthusiast who claimed in a paper read before the Epidemiological Society some years ago to have actually destroyed, by frequent inunction of the skin with oil of Eucalyptus, not only the "bacilli, of Scarlet fever" which he said were present in the skin, but also "their spores." That the lecturer was somewhat before his time is evident. It must be something like 15 years ago that he read this paper, but we have not yet arrived at the bacillus of Scarlet Fever, much less its Spores !

Now a critical examination of the evidence derived from the careful investigation of the circumstances connected with the survival and propagation of infection after the attack in some thousands of cases of Scarlet Fever,—assisted also to a considerable extent by a recognition of the analogy which undoubtedly exists between it and diphtheria, both in regard to their clinical and ætiological factors,—has inspired the belief that it is to the mucous membranes of the faucial, nasal and auditory passages that the infection of Scarlet Fever especially attaches, and that the skin *as a direct source of infection*, may be altogether discounted. This view has of late been gaining ground very rapidly. Now to those, who, like myself, have long held this belief, this gradual change of opinion has been very reassuring, and when three years ago, at a large and representative meeting, the Incorporated Society of Medical Officers of Health by a series of special resolutions, officially recorded their disbelief in the infectivity of the later scarlatinal peeling it was comforting to feel that our most active, and occasionally, none too indulgent critics, had come into the fold and that one bone of contention, at any rate between the administration of the Fever Hospitals and the Medical Officers of Health had at length been satisfactorily disposed of.

That the state of the peeling could not be taken as an absolute criterion of infectivity has of course always been recognised in view of the occasional occurrence of cases of scarlet fever in which the disease was communicated by recovered patients in whom no trace of desquamation could be detected; but that an exaggerated importance has been ascribed to the desquamating cuticle—to the exclusion of other channels of infection, which are now clearly recognised as such,—viz., the mucous discharges from the throat, nose and ears, is beyond question.

It is to the elaborate and exhaustive investigations into the causation of the so-called "Return Cases" which have been instituted by the Metropolitan Asylums Board during the last five or six years that we are indebted for demonstrating the connection which exists between a relaxed condition of the mucous surfaces after scarlet fever and diphtheria, and a capacity for infecting other persons.

The term "Return Cases" is an unfortunate one inasmuch as it is apt to convey a wrong impression. The term "Return Case," be it noted, does not refer to a patient who has to be sent back to hospital in consequence of a recrudescence or fresh attack of the fever after his discharge, but to a fresh case of the disease arising usually in the home as a result of a patient having probably been sent out from the hospital while still in an infectious condition. The use of the terms "*primary*" for the infecting case, and "*secondary*" instead of "Return Case" for the infected would be a much more satisfactory nomenclature, as their meaning would then be perfectly obvious. The term "Return Case," however, has been so widely adopted, that I am afraid it has come to stay.

Return Cases have been not inaptly stigmatised as the "Opprobrium of Isolation Hospitals." It is now very generally admitted by the M.O.H.'s, and by those in charge of Isolation Hospitals, that "Return Cases," will occur in spite of the exercise of the most scrupulous care. The admission is humiliating having regard to the enormous amount of attention which has been, and still is, devoted to their investigation. But fortunately, their number is not very great—from 2 to 4 per cent. of the scarlet fever patients discharged from Hospital. The proportion of Return Cases has lately been reduced owing to a clearer appreciation of the conditions on which they usually depend. There still remains, however, a small balance due to the *undue persistence of infection* in some individuals in whom *none* of the indications of infectivity at present recognised are detectable. These defy our most careful measures of prevention, and, until the day arrives when the specific infecting agent

of scarlet fever is a demonstrable quantity, I fear we shall have to put up with an occasional "Return Case."

Now, as illustrating the close association which exists between the presence of a mucous discharge and a state of infectivity after scarlet fever it was found by Prof. W. J. Simpson in the course of an investigation into the origin of "Return Cases" at the request of the M.A.B. in the year 1899, that in no less than 80 per cent. of the primary infecting cases, all of whom he personally examined at their own houses on the occurrence of the Return Case, there was present an unhealthy condition of the nasal mucous membrane. Most of them showed a simple mucoid rhinorrhœa; others a more or less purulent discharge, in some instances accompanied by a soreness or excoriation just inside the external nares; while others presented the appearance of an ordinary cold. Fourteen per cent. of the patients had an otorrhœa, but the majority of these had rhinorrhœa as well; 7 per cent. of the patients showed a relaxed condition of the fauces with slight glandular fulness, while in only 3 per cent. was any trace of desquamation to be detected. In 3 per cent. no abnormality of any kind was discovered. Again, in his Exhaustive Report upon the "Return Cases" occurring amongst the patients discharged from the M.A.B. Hospitals from July 1st, 1901, to July 31st, 1902, D. A. G. R. Cameron tells the same story. Fifty-two per cent. of the primary infecting cases suffered from rhinorrhœa and 8 per cent. from otorrhœa. In a large proportion of these—60 per cent. and 40 per cent. respectively—the discharge was noted for the first time *after* their arrival at home. The prejudicial effect of the warm bath, given immediately before the patient leaves the hospital, in setting up catarrh, especially in the winter months, is here very clearly suggested, as in most instances the discharge developed within 24 hours of their reaching home. The presence of some desquamation was noted in 14 per cent., and in 19 per cent. no abnormality could be detected. With a view to obviating this risk, the procedure adopted at the time of the scarlet fever patient's discharge has been modified. No patient is now bathed on the day he leaves the hospital, but is transferred two days before being discharged into an uninfected ward where he is dressed in clean clothes and has his final bath the evening before he goes home.

Admitting, then, the frequently infectious character of the mucous discharges which tend to occur in connection with scarlet fever, the interesting question arises as to how it is that they retain their infectivity for so long a time, occasionally 10, 12 and even 16 weeks, or more after the original attack. In other words—what is the relation which exists between the infective agent (whatever its bacteriological nature) and the discharge in which it is living, and which serves as the medium for its transmission to others?

One view is that the discharge is of a simple inflammatory nature, due to common pyogenetic organisms, which are normally present in the part, and that the micro-organism or protozoon of scarlet fever, whether derived from the patient himself, or from another occupant in the ward, is simply engrafted on the discharge, which thus acts both as a favourable medium for its multiplication and as a ready vehicle for its transmission to others. According to this view—which is favoured by Professor Simpson—the infectivity of the discharge might be of heterogenous origin. It is claimed that this accounts for the greater incidence of “Return Cases” amongst hospital treated patients than in those treated in their own homes; it being held that any mucous discharges arising in the former class are liable to become infected as the result of the constant admission of fresh cases of scarlet fever into the ward.

I confess, however, that it seems to me somewhat far fetched and not a little illogical to seek for a source of infection *outside* the patient when we know almost for a moral certainty, that he has been harbouring the germs of the disease in his own mucous membranes at the time when the inflammatory discharge originated, and recognising, as we do, that in the case of diphtheria, which shows many analogies with scarlet fever, a rhinorrhœa may retain its infectivity for several months without the patient having been in contact with a fresh case, there seems no adequate reason for denying a similar autogenous origin to the infective element in a scarlatinal discharge. And the same line of reasoning may be applied to explain the origin of the discharge itself which is but the visible expression of an inflammatory or catarrhal state of the mucous membrane from which it emanates.

That such inflammations are directly incited by pyogenetic organisms, chiefly streptococci, is practically certain; but whether these organisms are present in the mucous membranes at the time of scarlatinal infection, their vital activity being stimulated by the scarlatinal process, or whether, on the other hand, they may not be sometimes, at any rate, derived from an outside source is by no means equally certain. The question whether these mucous discharges are infectious *per se*—in other words—whether they are propagable from patient to patient, is one of considerable importance, since on its solution should depend our method of administration of the scarlet fever wards. For if such discharges be transmissible from patient to patient it is evident that cases of the septic type of scarlet fever which are characterised by severe faucial inflammation and more or less profuse rhinorrhœa or otorrhœa, and often both, should be treated apart from those of the ordinary *mild* or benignant type of the disease. There is much difference of opinion on this point. The bulk of expert opinion being in favour

of their transmissibility. Others on the contrary, including Newsholme and Goodall, whose opinion must carry weight, take exception to this view, and believe that the pyrogenetic organisms on which these secondary inflammations depend, are always of autocthenous origin. Newsholme holds firmly to the view that the occurrence of these mucous discharges in scarlet fever is independent of hospital conditions, and that they should be classed as phenomena of the natural history of the disease.

For my own part, I have not yet succeeded in convincing myself of the truth of either proposition. Experiments which I have made with the object of testing the point have not proved very convincing, and I prefer for the present to keep an open mind on the subject. This much, however, may I think be taken as beyond all question—that a relaxed condition of the fauces, or a discharge from the nose or ears, arising in connection with scarlet fever, is usually infectious, and is apt to retain its infective properties for a considerable period. Every effort therefore should be taken to protect a person who is suffering, or recently convalescent from, scarlet fever, from all influences which are likely to engender catarrh. For under such circumstances the contraction of an ordinary cold may spell disaster. It is satisfactory to record that during 1906 when the new method of discharging the patients was first introduced at the South-Western Hospital, the incidence of "Return Cases" after Scarlet fever has fell to 1·2 per cent.

Having regard to the evidences we possess as to the factors concerned with infectivity in scarlet fever, I venture to submit the following propositions:—

The infection especially attaches to the mucous surfaces of the throat, mouth and nose, and also the middle ear in certain cases. It has no direct connection with, and is practically independent of the state of the peeling. The patient is capable of imparting infection from the commencement of his illness, but to a comparatively slight extent during the early stage of the attack.

His infectivity increases during the development of the attack. Afterwards it gradually declines, and ceases after a time which varies greatly in different cases, though, as a general rule, persistence of infectivity may be inferred, should the mucous lining of the throat or nose still present a relaxed or catarrhal appearance, in exceptional instances infectivity is unduly protracted without there being any visible evidence to lead to its being suspected.

In cases where the faucial affection has been but slight, and where the inflammation has failed to extend to the nasal or auditory passages, a patient may usually be discharged with safety at the expiration of 4 or 5 weeks from the appearance of the rash, provided the fauces appear to be sound, and no sign of redness or excoriation

can be detected at the angles of the mouth or external nares. No attention whatever need to be paid to the state of the peeling, provided warm baths and friction have been given frequently throughout the period of convalescence.

Cases of the more severe or septic type, on the other hand, require a longer isolation, a minimum period of 6 weeks should be enjoined and even then, the presence of the slightest discharge from the nose or ears should be taken to indicate the need for further detention. With the object of lessening the infectivity of these mucous discharges, the patient should be encouraged to be out in the open air as much as possible. Antiseptic irrigations are usually without value in checking a nasal discharge; indeed their use is frequently productive of the opposite effect, and their continued employment should be discouraged. The presence of adenoids is the most fertile cause of persistent rhinorrhœa, and their influence in producing otitis media, and chronic ear discharge in non-scarlatinal cases is generally recognised. Removal of the adenoids, and if necessary, the tonsils, is followed by the best results, and in many cases, is indeed the only satisfactory treatment. If these measures were adopted at an early stage of convalescence, in the majority of instances the occurrence of these chronic infective discharges would be effectively prevented.

To be continued.

Obituary Notices.

Surgeon H. E. L. Earle, R.N., died on December 29th, 1906. He entered St. Thomas's Hospital as a student in 1878.

A. E. Softly of Ford Lodge, South Hornechurch, Essex, who entered St. Thomas's Hospital in 1894, died at sea, off the coast of Brazil, on October 25th last.

The death is recorded of J. G. Gornall, M.A., M.B., D.Ph. Cantab, aged 40, Medical Officer of Health for Warrington, Lancashire, who entered as a student in 1888.

J. W. Elliott, who entered St Thomas's in 1854, and was Surgeon Dentist to the Hospital, has recently died. He retired from active service at the Hospital in 1888.

Some Ancient Medicine.

IN an eighteenth century manual of Medicine which we regret that we cannot at this moment lay hands on, is propounded a theory on the causation of Syphilis which we commend to the notice of the present day upholders of the *Spirochaeta Pallida*. The author asserts that the various lesions of the disease are produced by little circular bodies armed with sharp, hard but brittle spikes and that these circulating in the blood eventually come to rest in the tissues where by the irritation of their prickles they give rise to indolent sores. "Therefore," he says "I give mercury in order that its smooth metallic globules circulating through the system may meet with these bodies, break off their brittle spikes and so render them harmless." The author further claims, and no doubt with truth, to have discovered these bodies in the urine of patients suffering from syphilis.

The charge sometimes brought against modern medical text books of containing a great deal of theory but very little of practical means of cure, could certainly not be levelled against the more ancient works. A famous old medical treatise, called "The Haven of Health," and published in 1596 by one Thomas Cogan, Maister of Artes, and Bachelor of Phisicke, contains accounts of the marvellous cures to be attributed to the various drugs and compounds in use, which might well be adapted by the quack medicine mongers of the present day. The following is the account of a once widely used nostrum, know as Doctor Stevens' water.

"The vertues of this water be these. It comforteth the spirits, and preserveth greatly the youth of man, and helpeth inward diseases, coming of cold against shaking of the palsey, it cureth the contraction of sinewes, and helpeth the conceptions of women that be barren, it killeth wormes in the belly, it helpeth the cold gout, it helpeth the toothach, it comforteth the stomacke very much, it cureth the cold dropsie, it helpeth the stone in the bladder and reynes of the backe, it cureth the canker. It preserved Doctor Stevens that he lived 98 yeare, whereof twenty he lived bed-ridde."

Doctor Cogan however adds "This much I finde written touching the vertues of Dr. Stevens' water. But how true it is, I referre to every man's owne experience. I for my part having made it right according to the prescription, found the water so weake of the wine, so strong of the herbs, so unpleasant in taste that I was faine to distill it againe and so made a water very strong in taste, and I suppose of great vertue in all the properties aforesaid."

In view of Dr. Mott's coming address at the Medical and Physical Society on the subject of alcohol, Cogan's list of the "six inconveniences of drunkenness" may be of interest.

"First it weakeneth and corrupteth the liver, making it unable to change the nourishment into blood, whereof ensueth commonly either Dropsie or Leprie. Secondly, it marreth the braine, and killeth the memory, whereof commeth madnesse or forgetfulnesse. Thirdly, it weakeneth the sinewes, which is the cause that drunkards tremble both with head and hands. Fourthly, it breedeth diseases of the sinewes, as the Crampe and Palsey. Fiftly, it engendreth apoplexies and the falling evill, through overmuch moysture of the braine, stopping the wayes of the spirits to the inferior members, Sixthly, it bringeth oftentimes sudden death."

Doctor Cogan however was no abstainer and has much to say in favour of his favourite beverage, beer, which it is interesting to learn was "so profitably invented by that worthy Prince Gambrinius, anno 1786, before Christ, as Lanquette writeth in his chronicle." Is it possible that a certain noted establishment in the west-end is still being conducted by the descendants of the worthy Prince?

St. Thomas's Home for Paying Patients.

ON the 31st January, St. Thomas's Home for Paying Patients was transferred to the new building which has just been completed at the corner of the Westminster and Lambeth Palace Roads. Block 1 has been remodelled. The offices have gone from the corner of the building adjoining the Bridge, and this part is now occupied by the Treasurer's House. The old Treasurer's house is connected with the new building which has been erected at the corner of the Westminster Bridge and Lambeth Palace Roads, wherein accommodation is found for 180 nurses, but the basement, ground and first floors of this building have been reserved for the accommodation of St. Thomas's Home Paying Patients. Since this Home was first established in March, 1881 the advantages it offered to patients who otherwise had no opportunity of securing admission to a Hospital have been heartily appreciated and the experience gained in working this Home has been fully utilised by those responsible for the arrangements in the new building. In 1881 the Home owed its origin to the fact that there were two empty wards and the question was what could they be used for. Now the necessity of the provision of such a Home as St. Thomas's provides is an established fact, and

the new building has been erected for the purpose of providing the most suitable accommodation for the patients who come here. The ground floor is given over to male patients, and the first floor to women patients. Each patient has a separate room, except for the fact that there is no door at the front opening on to the general passage which is protected by a curtain. There is a Dining Room and a writing room on each floor, the latter in the men's floor serving as a Smoking Room. A very spacious balcony has been erected, quite large enough to accommodate all the beds from the Female Ward on a fine day, and from this Balcony there is a very good view of the river and the Houses of Parliament. In the old Home there was no accommodation for cooking, and the meals were served from the general kitchen. In the new building a kitchen is reserved for the sole use of the St. Thomas's Hospital Paying Home.

The first principle on which the Home is run is that each patient employs his own Consultant. The Resident Medical Officer is responsible for admission and for the treatment of each case under the direction of the Consultant. Strict enquiry is made by the Steward in all applications for admission, and the greatest care is taken to ensure each case remaining under the care of the Consultant in charge of the case.

There are 19 rooms on the ground floor and 19 on the first floor. Each of these rooms is about 12 ft. by 9 ft. 4 ins. The first impression on entering the main passage is that the ceiling is too low, but turning aside into any one of the rooms it is seen that each room is of ample height and that the lowness of the ceiling in the passage is caused by an air trunk connected with each room for extract purposes. Electric fans operate at the head of each of these extract shafts. The supply is regulated in each room through a small grating and the air passes through the bars of a radiator before entering the room. These radiators are on a new principle known as the Reck system. Water is heated in a calorifier in the basement taken to a cylinder in the roof where the water is again heated by the admission of steam, and thereby it is claimed that a much quicker circulation is secured and the supply pipes to each radiator are reduced to quite a small size. It is found in fact, that this delicate instrument requires very careful tuning to secure efficiency. On enquiry from the patients themselves, who had been moved from the old Home to the new, the reports are satisfactory and gratifying.

A very complete little theatre for all these Home cases has been erected on the ground floor with a large service lift for bringing the patients to the theatre floor. The operating room is 15 ft. 6 ins. by 15 ft. and is approached through the Anæsthetising room which is 15 ft. by 9 ft., the Recovery room being 12 ft. 6 ins. by 17 ins. It is top lighted with a northerly aspect. Patients are removed from this

Theatre to the Recovery room. No pains have been spared in making this an absolutely complete department for operations. Closely adjoining are a Surgeon's room, a Nurse's room, and a Mackintosh room for all cleaning up purposes. The cubic area of the Theatre is 3,800 cubic ft., of the Anæsthetising room 2,000 cubic ft., and of the Recovery room 3,100 cubic ft., and by the ventilating fan the introduction of air to the Operating Theatre is 53,000 cubic feet per hour, to the Anæsthetising room 20,000 cubic feet per hour, and to the Recovery room 19,500 cubic feet per hour, giving an average of slightly over 13 changes per hour. The air is passed through a hair screen which revolves through a water trough. The amount of sediment found at the bottom of this trough at the end of 24 hours is remarkable, showing how efficient the method of washing is; but as a further precaution, and to dry this air to a certain extent it is made to pass through cotton wool of which as large an area as possible is exposed for the purpose of facilitating the passage of the air. The room into which the air after infiltration is received is divided into two, in the further of which are a series of hot-water pipes for warming the air. A valve operated by a handle in the Theatre itself controls the supply of air from either the cold or the hot air chamber, and as the air passes through talc valves into the hot air chamber if this supply is shut off in the Theatres the temperature of the air in the hot room is very considerably raised and at any time when the Theatre is in use 6 or 7 degrees extra warmth can be secured in the Theatres in 5 or 6 minutes by the complete opening of the hot air valve.

A few of these rooms are reserved at £3 3s. per week for the admission of cases who, being unable to afford a Consultant's operating fee, are dealt with by the Resident Medical Officer. The other rooms may be had at £4 4s. per week which covers the charge for Medical attendance by the Resident Medical Officer, nursing, food, medicine and dressings. Once a patient has fixed with his or her consultant the fee to include operation assistant and anæsthetist, the inclusive cost of all that is required in the Home is known. Special treatment in an isolated room may, if found necessary be provided at £1 1s. per day, the increased charge being made to defray the expenses of the special Nurses required.

We may add that in the event of any of our readers desiring to avail themselves of the opportunities afforded in this Home they should communicate either with the Steward or with the Resident Medical Officer stating the full particulars of their case.

Books for Review.

LINE AND EVOLUTION. By F. W. Headley. Duckworth & Co.

While this is not, strictly speaking, a medical work, the subject is one which strongly appeals to every scientific mind, and we cannot too strongly recommend this book to all who wish to obtain some smattering of the great problem of evolution.

The book is brightly written, and it is not too much to say that every page is intensely interesting; it has no pretensions to being an advanced scientific manual, being written rather for those who are interested but not learned in its subject.

The text is so full of charm that we could wish it had been still further edited by a competent physiologist, and certain minor errors eliminated, but this will doubtless be done in future editions.

"Line and Evolution" is of especial interest to St. Thomas's men, in that many of the excellent illustrations are the work of J. C. Maclean, while the entire subject matter has been reviewed by O. Z. V. Simpkinson.

CANCER OF THE BREAST, AND ITS OPERATIVE TREATMENT. By W. Sampson Handley, Assistant Surgeon to the Middlesex Hospital. 12s. 6d. net. (London: John Murray.)

This book, which is beautifully produced, gives us a complete account of the work and views on this all-important subject, most of which was embodied in the Hunterian lectures delivered in 1905 by Mr. Handley. It is a book which all those interested in the surgery of the breast should not only read but possess. A very strong case is made for the theory of metasatasis by "lymphatic permeation," accounting for deposits in both bones and viscera, though the author admits occasional distribution by the blood stream. A careful description of the operation which the author thinks necessary for the eradication of mammary carcinoma is given, and if others will adopt the same extensive removal of deep fascia for an area of some ten inches around the primary focus of disease, we believe, with the writer, that the results will be improved, and it seems right to assume that we can by operation planned in accordance with pathology, absolutely prevent recurrence in the scar, which is a reproach to the surgeon. Mr. Handley recommends the removal of both pectoral muscles and the costo-coracoid membrane, and we agree with him that the fixity of the arm occurring after some breast amputations is due rather to a badly-placed scar than to loss of muscular power. We consider this to be a book of considerable interest, and, though the author labours needlessly to prove some of his points, it should compel the admiration of the most sceptical.

RETRO-PERITONEAL HERNIA. By B. G. A. Moynihan, M.S., F.R.C.S. Second edition. Price 7s. 6d. net. (London: Ballière, Tindall & Cox.)

That a second edition of a work on a difficult subject such as this should be called for, proves the appreciation that the medical profession feel for the works of Mr. Moynihan, and there is no doubt that the subject is dealt with in its anatomical, pathological and surgical aspects in a masterly fashion. The first chapter gives a general description of the development of the intestinal canal and the peritoneum, and a thorough mastery of this is essential if

the succeeding descriptions of the various peritoneal fossae is to be fully understood. The duodenal fossae are so numerous that the author has failed to make the subject easy to follow, and the only consolation for the "practical surgeon" is that he will not often be called upon to deal with hernia into these fossae. The book concludes with a series of photographs of herniæ into these retroperitoneal fossae, and it is satisfactory to note that the two which Mr. Moynihan himself admires the most are of specimens in our own museum.

AIDS TO SURGERY. By Joseph Cuming, M.B., B.S., F.R.C.S., Eng. 4s. 6d., pp. 888. (London: Ballière, Tindall & Cox.) Reprint.

This is an example of a "pre-digested" surgical text-book, issued by the same firm as the larger work, and we have confidence in recommending it to those "foolish virgins" among medical students who have failed in their allotted years of clinical work to extract for themselves the essential oil of surgical wisdom, and who find themselves in the darkness of ignorance a few weeks before their examination. Personally, we feel that such a flare of knowledge as this book will provide may fail to blind the eyes of the examiners, and we infinitely prefer the more gradual and comfortable process of mental absorption and assimilation.

CANCER: ITS TREATMENT BY MODERN METHODS. By Edmund Owen, Hon. LL.D. (Aberdeen), Senior Vice-President of the College of Surgeons. Price 1s. net. (London: Ballière, Tindall & Cox.)

In this form Mr. Owen has published his Bradshaw lecture, delivered before the College of Surgeons on Dec. 12, 1906; and though we have rather a strong objection to medical literature published at "popular prices," yet we are bound to confess that the matter could hardly have been dealt with in a more honest spirit or in a more readable manner. Put briefly, the writer confesses that he knows of no better curative agent at present than the knife, but we heartily agree with him in saying that we look forward to the time when there will be less human sacrifice and more cure in the battle against that common enemy, the "cancer cell."

Club Notices.

Once again the season of cup matches is with us. The London Hospital have defeated King's somewhat heavily, and have, probably, the best team they have ever turned out. By the time this number returns from the printer's hands, our match with Guy's will have been decided for better or for worse! Let us devoutly hope for the former.

And now, while the ink is still wet, let us urge upon the hospital the paramount importance of keenness and enthusiasm as a great factor in the attainment of ultimate success. This can be shown by the teams in training and turning out regularly to practices; and by the rest of the hospital in coming down to the matches and giving support to the Hospital teams in voice as well as in body and spirit.

No sooner has the effect of the Christmas vacation passed off, than another factor comes to interrupt our Rugby matches, since not a few have had to be abandoned on account of frost; among them the 1st XV. match v. Ealing on Feb. 2nd.

1ST XV. v. OLD WHITGIFTIANS.

This match was played at Chiswick on Jan. 12th, the Hospital losing by a try. We started well, Wheeler scoring early in the game. At half-time the score was a try to a goal and a try. After changing ends the Hospital played up better, and Jenkin scored behind the posts, Meakin converting. Later Meakin scored from a line out. The Old Boys scored, however, again, and won as stated.

Team: J. C. Fox, J. N. Wheeler, A. J. Rae, W. H. R. Sutton, L. Meakin, C. L. Petch, J. H. Crofton, W. O. Meek, N. W. Jenkin, W. Harmans, R. L. Barwick, N. M. Ferguson, H. V. Welch, P. Harper, and R. B. Abraham.

1ST XV. v. R. N. C., GREENWICH.

This match, played at Greenwich on Jan. 18th, resulted in a win for our opponents by a goal and two tries (11 points) to a goal (5 points). We were without Bingham, Rae, Petch, Welch, or Nield. An even game resulted. In the first half the R.N.C. scored twice. Harmans should have scored for us, but kicked too hard when on their line. Play was to a great extent confined to our opponent's "25" in the second half, several passing movements taking place. Sutton made numerous good openings, but spoilt them through selfishness. At length, however, he broke through, and scored between the posts, Meakin converting. Towards the end the R.N.C., after a round of passing, scored again but failed to convert. The Hospital were unlucky on several occasions, but often spoilt good opportunities by kicking too hard. Two or three forwards did not work as energetically as they might have done. Meek, Harmans and Fergusson were good in the forward line.

"A" XV.

Two matches in December—one owing to the International match, the other to the failure of raising a team—had to be scratched. In view of the approaching Cup ties, all men are requested to make an effort to turn out if required.

"A" XV. v. MARLBOROUGH NOMADS "A."

Played at Thames Ditton, on Saturday, Jan. 12th. The Hospital were three short, our opponents having neglected to tell us where their ground was. Outclassed at all points, the Hospital were badly beaten. Skrimshire played a good game at half, but the team were slack as a whole.

Team: M. L. C. Irvine, back; R. C. Priest, R. S. Overton, and C. Treherne, threequarters; F. R. B. Skrimshire, half; C. T. V. Benson, E. G. Fisher, H. D. Close, A. Esler, A. S. Pern, F. C. Alton, and T. Weston, forwards.

"A" XV. v. OLD BLACKHEATHENS.

Played at Chiswick on Saturday, Jan. 19th. With only a weak side out, the inevitable happened. Our opponents scored two tries and a dropped goal in the first half, and added two more goals and three tries in the second,

thus winning easily by 29 points to nil. Irvine played an excellent game at back, and Svenson was very useful at forward. W. Weir made a very successful *debut* at half—we hope to see more of him.

Team: M. C. L. Irvine, back; H. Treves, E. L. Marshall, F. C. Alton, and T. Weston, three-quarters; W. Weir and C. Treherne, halves; J. M. Custance, C. T. V. Benson, E. G. Fisher, H. White, E. W. Witney, R. Svenson, A. S. Per., and H. A. F. Wilson, forwards.

A. Bowring played a good game at threequarter as substitute for our opponents, who turned up one short.

"A" XV. v. U.C.S. OLD BOYS "A."

Saturday, Jan. 26th. This fixture had to be scratched owing to frost.

"A" XV. v. WASPS "A."

On Feb. 2nd, with the thermometer below freezing point, and the ground like asphalt, twelve "A" men journeyed down to Acton to meet seven Wasps! They changed and cast dismal glances at the frozen tubs which served as baths after the game. In an adjoining ground were three Streatham men, who had boldly come to pit their strength against Aldenham, who were sixteen strong! After much "punting about," a hurried committee meeting of captains was called, and it was decided to play St. Thomas's "A," Wasps "A," and Streatham against Aldenham. This was no sooner settled than done. And shortly there were thirty stampeding men, the echo of whose footfalls on the frozen ground was like the roar of distant artillery. The victory lay with Aldenham by two tries to nil.

The St. Thomas's contingent consisted of: M. L. Irvine, R. S. Overton, A. H. Savage, A. G. V. French, F. R. B. Skrimshire, E. G. Fisher, H. A. F. Wilson, A. S. Pern, T. Weston, T. C. R. Archer, E. W. Witney, and A. Mahmud.

DRAW FOR 1ST ROUND INTER-HOSPITAL CUP (ASSOCIATION).

SENIOR CUP.

- A. { St. Mary's.
Westminster.
- B. { London.
Charing Cross.
- C. { Middlesex.
Guy's.
- D. { University College.
St. Bart.'s.
- E. { St. Thomas's.
A Bye.

1st round to be played by Feb. 3rd.

2nd „ „ Feb. 20th.

Semifinal „ Mar. 3rd.

Final (not fixed).

JUNIOR CUP.

C.	{	Guy's.			
		St. Thomas's.	London v.		D.
D.	{	Charing Cross.			
		St. Mary's.	Bart's v.		C.
1st round to be played by Feb. 20th.					
Semi-final " " Mar. 3rd.					
Final (not fixed).					

1st XI. v. OLD EMANUEL.

This match was played on Saturday, Dec. 8th, at Chiswick, the result being a victory to the Hospital by 6 goals to 1. The game was very one-sided, most of the play being in our opponent's half. Sutcliffe opened the scoring, and Bristow soon followed his example. This was soon after the start of the game, and by half-time Brandon and Sutcliffe had each added a goal. In the second half play became very slack, and our opponents, pulling themselves together quite suddenly, managed to break through and score. Bristow again scored, and later Mann added our sixth goal.

Team : S. R. Gleed, J. A. Clark, H. White, B. Gutteridge, S. L. Walker, W. B. Johnson, G. N. Brandon, W. Sutcliffe, R. Svensson, W. R. Bristow, and H. L. Mann.

1st XI. v. OLD STATIONEERS.

This match was played at Palmer's Green, on Saturday, Dec. 15, the Hospital losing by 1—0. The state of the ground was not all that could be desired, and the recent fall of snow made the light somewhat dazzling. The game was very scrambling and uninteresting. We started playing uphill, and kept the defence busy most of the first half, but the forwards could not manage to score. The snow was very thick on our left wing, the ball being almost hidden on the touch line. Sutcliffe put in some very good shots, but our opponents' goalkeeper managed to clear each time. At half-time there was no score, and in the second half the Old Stationers scrambled through from a mêlée in front of goal just before time, thus winning by one goal to nil.

Team : S. R. Gleed, W. Verdon, H. White, B. Gutteridge, H. Bowring, W. B. Johnson, W. Laird, G. N. Brandon, R. Svensson, W. Sutcliffe, and W. C. A. Ward.

1st XII. v. OLD CRANLEIGHIANS.

This match was played on Saturday, January 5th, at Chiswick, the Hospital losing by 4—1. It was a fairly fast game, and play was about even. The Old Cranleighians opened the scoring, and were leading by 2—0 at half-time. The Hospital put a little more energy into the game in the second half, and things looked brighter when Sutcliffe scored. For a time we kept their defence at work, but they broke away and scored again. Our forwards again retaliated, and some good shots were put in, but were of no avail. The Old Cranleighians forward line combined well together, and after a good run down and some clever passing they scored their fourth goal.

Team : S. R. Gleed, J. Clark, H. White, B. Gutteridge, H. Bowring, W. B. Johnson, W. Laird, G. N. Brandon, W. Sutcliffe, W. R. Bristow, and H. L. Mann.

1ST XI. v. OLD CITIZENS.

This match was played on Wednesday, January 16th, at Chiswick, and resulted in a draw of 2—2. The game was one of the best we have had this season, the play being both fast and even. The Hospital pressed hard in the first quarter-of-an-hour, some very good combination being done by Brandon, Sutcliff and Bristow. One or two corners were forced, but the Old Citizens by good defence kept us out. The pressing for a time was now done by our opponents, and our goal appeared in danger on two or three occasions, but Meakin playing a good game at back, kept them out. The first goal was scored by Gutteridge, about ten minutes before half-time, the Old Citizens equalising just before the whistle blew for half-time, and we crossed over 1—1. In the second half the game proved a little faster, and the Old Citizens tried hard to break through and score, but our defence managed to hold their own. From a run down by our forwards a corner was forced, which Bristow headed in, giving us the lead. The game looked like a win for the Hospital, when just before time the Old Citizens scored again, making it a drawn game.

Team : M. Paddon, L. Meakin, H. White, B. Gutteridge, H. Bowring, W. B. Johnson, W. Laird, G. N. Brandon, W. Sutcliffe, W. R. Bristow, and H. L. Mann.

1ST XI. v. THE CASUALS.

This match was played on Wednesday, January 30th, at Chiswick, and resulted in a win to the Casuals by 3 goals to 1. We had not our full team out, three men being away, their places being filled by Laird, Lupton, and a substitute. Johnson won the toss, and decided to play with the wind, which was fairly strong. We pressed at first, and on one or two occasions looked like scoring, but the Casuals' defence was too strong for us, and the ball soon travelled back into our own half. The Casual forwards covered the ground very quickly, and a fast game ensued. For a few minutes the play was all on our left wing, owing to the ball being gradually forced down the wing, and from a centre by Mann a nice piece of individual work was done by Bowring, who scored the first goal. For some time after this our defence was kept very busy, and things looked dangerous round our goal, but Meakin, playing a sound game at back, cleared time after time. Our forwards tried hard to pull themselves together and get away, but they found the defence too strong for them. The Casuals, after a good many attempts, broke through and scored, thus equalising before half-time. The game in the second half was nearly as fast as in the first half, and with the wind against us the defence had all they could do to keep the Casuals out.

Not long after half-time, Cooke, who was playing a fine game in goal, hurt his knee in clearing, and had to retire, his place being filled by the substitute. The play continued in our half, and it was not long before the Casuals scored their second goal. Once or twice our left wing got away, but was soon overhauled by our opponent's right back. Later the Casuals scored their third and final goal.

Meakin, Cooke, Bowring and Johnson were conspicuous. Paddon played in goal for the Casuals.

Team : A. J. Cooke, L. Meakin, H. White, B. Gutteridge, H. Bowring, W. B. Johnson, W. Laird, G. N. Brandon, J. P. Lupton, H. L. Mann, and A. N. Other.

We are indebted to Mr. Bethell Robinson for kindly refereeing.

HOCKEY CLUB.

The draw for the Inter-Hospital Cup tie is as follows:—

Guy's v. Middlesex	}	}
St. Thomas's v. St. Mary's ...		
University v. Bart.'s	}	}
London v. Charing Cross		

St. Mary's having scratched, we meet the winner of Guy's and Middlesex in the semi-final.

The following letter has been received at the Steward's office, perhaps one of the readers of the *Gazette* can supply the required information?

Jacksonville, Florida,

January 2nd, 1907.

St. Thomas's Hospital,

London, England.

Superintendent, Dear Sir, you have the record of Thomas Smith, (colored) that died in your Hospital in the year of 1863, I am his son, and only heir, I like for you to be kind enough to tell me in which bank would he place his bank account. He was a cooper in the Deptford Dockyard. Respectfully,

Julius Aktwood Smith.

* * *

An office boy, who had been sent with a message to one of the hospital departments, was discovered in Casualty enquiring the way to the "cynical lavatory."

* * *

The following example of Native English from Port Alfred has been sent us by an old St. Thomas's man.

South Well, December '06.

Dear Sir, Dr.

I in form you sir has much to say that I feel better than I was be for this week has Dr. told me the lash tim I was down there that I neednt too be trouble that I am goin to diey I have try som what I have not being used since I was ill I mean Smook & eat mealies and thick milk and also I can sleep by night it is suppress to me all that and thank God there for inclose yours Truly obey,

Joseph T. Nangu.

Examination News.

CONJOINT BOARD, January, 1907.

First Examination.

Chemistry and Physics.—H. L. Paddon, A. S. Pern, H. L. H. Steele.

Elementary Biology.—C. V. Anderson, C. H. L. Rixon.

Second Examination.

Anatomy and Physiology.—C. Wink

Final Examination.

Medicine.—R. D. Browne, G. W. M. Custance, H. Dinock, A. W. C. Drake, * A. C. D. Firth, * A. J. H. Iles, W. A. M. Jack, W. S. Leicester, B. T. Parsons-Smith, H. T. Rossiter, G. A. Simmons, F. O. Spensley, P. L. Stallard, H. B. Weir, A. P. Yonge.

Surgery.—* H. B. Billups, * W. R. Bristow, * S. Carter, * F. N. S. Hitchcock, * T. G. Starkey-Smith, * R. W. Stocks, * W. H. R. Sutton.

Midwifery.—H. E. T. Dawes, W. Deane, S. R. Gleed, H. S. Hall, F. H. Holl, W. A. M. Jack, W. S. Leicester, * L. H. L. Mackenzie, B. T. Parsons-Smith, W. F. Sutcliffe, R. E. Todd, A. P. Yonge.

* These gentlemen have completed their Final Examination.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

St. Thomas's Hospital Gazette.

No. 3.

MARCH, 1907.

VOL. XVII.

The Signs and Duration of Infectivity in some of the Common Infective Fevers.

(Continued.)

COMING now to Diphtheria, we find ourselves upon firmer ground at once, by reason of the knowledge we possess of its specific causal agent. The bacteriological test *carefully and properly* applied yields evidence as to infectivity of a really reliable character. The test, however, as frequently, I might almost say "usually," applied in practice is apt to prove very misleading.

What is more common than to hear it confidently stated that a patient either is, or is not, infectious, on the strength of a single bacterioscopic examination in which an observer has either *found*, or *failed to find*, bacilli which he *believes to be identical* with those which are recognised as distinctive of diphtheria. The primary and most important fallacy here, as also the most common, consists in regarding the success or failure on the part of the bacteriologist to find the bacillus as *equivalent* to the presence or absence of the specific infection. That this objection is fully justified may be proved by anyone who will take the trouble to make a bacteriological examination of the secretions of a series of diphtheria convalescents on six consecutive days. It is quite possible that it might be found that an inference as to a patient's infectivity, based on an examination of the cultures made on the Monday, Wednesday and Friday, is directly contradicted by the results of those taken on the alternate days. These somewhat paradoxical results are more characteristic of examinations of the secretions from the nose than from the throat. The various diverticula of the nasal fossae probably act as storehouses from which bacilli may be discharged intermittently. Very little reliance, then, should be placed on a single bacteriological examination, *if negative*. A second fallacy, which cannot be ignored altogether, attaches to a positive result, it is the liability to *mistake* for genuine Klebs-Löffler bacilli certain allied organisms which are often present in the affected mucous membrane, if the examination be confined to a simple microscopical investigation of the culture.

The organism most frequently met with, the Hoffman bacillus, should not give rise to much difficulty, as a simple microscopical examination will usually serve to reveal its peculiarities of form and staining, but bacilli are sometimes found which resemble the true bacillus in respect to their morphology, staining, and cultural reaction, and differ from it *only* in that they are found to be devoid of virulence when injected into animals. The inoculation test, unfortunately, is somewhat expensive, and it requires, moreover, the best part of a week for its completion.

It is believed by some bacteriologists that this non-virulent bacillus (bac. *pseudo-diphtheriticus Acidofaciens* of Kurth) is really an attenuated variety of the true bacillus, and that under favourable conditions it may again become endowed with virulent properties.

If this contention be true, it would only seem right to regard its presence from the point of view of infectivity, as of equal importance to that of the genuine bacillus of established virulence. The balance of evidence, however, which I will not attempt to review this evening, undoubtedly tends to the conclusion that these non-virulent organisms are functionally, if not specifically, distinct from diphtheria, and should be classified with the Xerosis bacillus and certain analogous forms which are found in birds.

I confess that my own experience of the employment of the bacteriological test as the criterion of a patient's freedom from infection, has not tended to inspire the confidence one would like to place in it. I have long since given up its employment as the routine test of a patient's fitness for discharge, though I admit its value and continue to use it in certain cases.

In the case of children with persistent rhinorrhœa following diphtheria, the result, usually, of posterior nasal obstruction, bacilli are often present in the nasal discharge for many weeks, and even months, after the attack, which *may* or *may not* be virulent. In such cases a bacteriological examination, *provided it includes animal inoculation*, affords evidence of unquestionable value, as also in the case of patients who continue to present a relaxed condition of the fauces for an unduly long time after their illness; but in ordinary cases, where the parts soon recover their normal appearance, I have long since reverted to my original practice of regulating the period of detention according to the time which has elapsed since the exudation disappeared from the fauces.

The proof of the pudding is in the eating, and in the incidence of "Return Cases" which arise after the patients have been sent back to their homes we have a valuable indication as to the merits of the particular system which has been adopted for deciding as to their fitness for discharge. The practice in this respect varies in the different Metropolitan Fever Hospitals. In the majority of

them the routine bacteriological test is still employed. Now the Report of Dr. F. W. Turner on his investigation of the "Return Cases" which occurred during the years 1902-4. which has just been published, shows that in respect to Diphtheria, a slightly smaller number of "Return Cases" were furnished by those of the Hospitals in which a bacteriological examination on the patient's discharge was not employed. Moreover, it was shown by Professor Simpson in his Report on the "Origin of Return Cases of Scarlet Fever and Diphtheria" in the year 1899 that the Hospital which produced the smallest number of "Return Cases" of any, was the South Western, where, as I have said, the routine bacteriological examination of patients on discharge had long been discontinued. As the result of a somewhat lengthened experience of Diphtheria in actual practice, supplemented by the consideration of certain well-established facts in respect to its bacteriology, I venture to submit to you the following propositions:—

The infective element in Diphtheria, like Scarlet Fever, especially attaches to the mucous membranes, and to their discharges. The length of time the mucous membranes retain their infectivity varies within wide limits in different cases, being, as a rule, more protracted in patients in whom some morbid condition of the throat or nose exists, which tends to perpetuate a mucous discharge. Hence, it is that the presence of adenoids, the supervention of tonsillitis, or an intercurrent attack of Scarlet Fever, or Measles; or even a common cold may greatly prolong the period during which a convalescent may be capable of infecting others. In ordinary faucial attacks in which the throat has recovered its normal appearance, and rhinorrhœa redness or excoriation of the nasal apertures is absent, a patient can usually be released from isolation at the end of four weeks from the clearance of the exudation.

In the case of an adult who may be perhaps the bread-winner of the family, the period under these circumstances may usually be reduced to three with safety if daily antiseptic irrigation of the throat has been practiced throughout the illness, and the patient be warned to exercise some discretion in his intercourse with young children. I have released many hundred *parents* at the expiration of this period, and have so far never heard of any ill results. Had such occurred, I should no doubt have come to know of it, for in Hospital practice our "Return Cases," like our sins, will surely find us out.

In the case of patients, however, whose fauces remain in a relaxed condition at the expiration of the usual period, and even more important in the case of children with *persistent*, even though *slight*, rhinorrhœa, it is desirable to examine the seretions

bacteriologically before deciding upon their fitness to associate with others. In such cases the *ordinary* laboratory report which is usually dispatched on the day following that on which the swab has been taken, is valueless if unconfirmed, and indeed is liable to inspire mistaken confidence.

If the report be *negative*, two subsequent examinations with a like result—that is to say, three in all—made preferably on consecutive days, should be required before taking the responsibility of releasing the patient. If, on the other hand, the report be *positive*, and the detention already prolonged, the virulence of the organism should be tested by animal inoculation before insisting on the necessity for further isolation.

This is especially applicable to cases with chronic *nasal* discharge. I have known of patients detained in hospital for many months on account of a rhinorrhœa containing organisms which were subsequently proved to be harmless.

Next, a few words as to the period of infection in Enteric Fever.

Owing to the knowledge we possess of the Typhoid organism, we are now not only well acquainted with the channels by which the disease is commonly transmitted, but it is possible to demonstrate its presence in the discharges of a patient whose infectivity is the subject of enquiry. Yet it is very rarely that such investigation is undertaken, because the procedure required to establish the absence of the bacillus—as far as a negative fact is capable of proof—is a very laborious undertaking. It comes, therefore, to this, that in practice, when estimating a Typhoid patient's fitness for release, we are in the habit of falling back on a time limit which has been ascertained by numerous bacteriological investigations to be, as a rule, sufficient to ensure his excreta being innocuous. This, for cases in which convalescence has been unattended with complications, may be put at four weeks, from the date at which the Typhoid pyrexia has ceased.

In certain cases of Enteric Fever the stools have been found to contain the bacillus for considerably longer periods; but I believe I am right in asserting that in such cases there is a probability that either diarrhœa had been a prominent feature throughout the attack, or that some looseness or irregularity of the bowels had occurred during the period subsequent to defecation.

A relapse, or even a partial recrudescence during the convalescent stage, should always be regarded as likely to cause some extension of the period of infectivity.

That the *urine* in Typhoid Fever may contain large numbers of bacilli, even though its reaction may be acid, and no sign of cystitis be present, is now a well-recognised fact; but that in exceptional

instances the bacilluria may become chronic, is not, perhaps, so well known. Gurju, of Baltimore, reports a case in which the urine contained bacilli in pure culture five years after Typhoid Fever.

It is interesting to note that Typhoid bacilli in an active condition have been found both in the gall bladder and the bone marrow many months after the attack, and in the pus from abscesses (commonly periosteal), which may have developed in connection with an attack of Typhoid Fever several years previously. I had but last year a man under my care with necrosis of the femur, connected with a periosteal abscess which arose during convalescence from Typhoid Fever. Although the attack had occurred two years before, the pus from the sinus, which had remained closed, I believe, for several months, was found to be teeming with Typhoid bacilli at the time of his admission at Stockwell.

The case was one of especial interest to St. Thomas's men, as the man had originally been successfully operated on by Mr. Battle for perforation. It must be confessed, however, that he did not half appreciate his good luck. He seemed, in fact, to regard successful laparotomy for a typhoid perforation as quite an ordinary incident.

Another source of infection which may be operative in certain cases is the pharyngeal mucous, or the expectoration. The sore throat, coupled with hoarseness or actual aphonia, of which some patients occasionally complain in Enteric Fever, is usually the result of superficial laryngeal ulceration. The lesion is doubtless a specific one, as bacilli have been isolate from these ulcers. The affection, however, is one which in my experience tends to clear up early; indeed, it is usually one of the earliest signs of improvement. One would hardly expect, therefore, that the risk of infection from this source need materially affect the question of a patient's detention.

In reviewing the different channels by means of which the Typhoid Fever patient may conceivably transmit the disease, we are forced to regard the normal evacuations of the body as the media which should especially be considered in deciding upon the necessary period of detention.

In cases where convalescence has not been complicated by diarrhoea, cystitis or bacilluria, and in the absence of any purulent discharge from a recent localised abscess, a patient may with safety be released at the expiration of four weeks from the completion of defebrescence. Indeed, in view of the relatively slight opportunity of reaching other persons which are accorded the infective discharges of the Enteric Fever patient, having regard to the situations of their points of egress from the body, and the arrangements which are commonly provided in a civilised community to receive them, it is probable that this period may be safely reduced to two weeks in the case of an intelligent and responsible person,

especially if resident in a town with a satisfactory sewerage system.

A final word on the urine in Enteric Fever. Although the infectivity of the stools, and the part they play in disseminating the disease has long been recognised, it is only of late years that the importance of the urine as a vehicle of infection has been fully realised.

Whether the proportionate frequency of typhoid bacilluria in the course of Enteric Fever is as high as 25 per cent., as has been estimated by Horton Smith, or not; and, as the result of my own observations, I am much disposed to doubt it, since in the large proportion of cases of bacilluria, the organism present in the urine is apparently one of the varieties of the bacillus Coli, and not the bacillus typhosus, it is not claiming too much to say that the urine is the most likely source of infection of the two, and demands even greater foresight as to its ultimate disposal.

The slightest soiling of the bed linen or clothing with urine by the Enteric Fever patient, an accident which is always liable to occur and very likely to be overlooked, may readily explain an obscure infection. The infectivity of the urine, however, in Enteric Fever can be speedily destroyed by the use of urotropin. The drug, moreover, possesses an interesting selective action, which is of some value in diagnosis. The true Typhoid bacilluria can always be removed by its administration for two or three days, while that dependent upon the bacillus Coli is in my experience usually unaffected.

Now, in respect to the other infective fevers which are of common occurrence in this country, in no instance, unfortunately, has the specific infecting agent been as yet satisfactorily established; though in the case of Smallpox, Chickenpox and Whooping Cough, it is true, certain observations have been recorded by more than one investigator which present some claim for consideration. We are not, therefore, as yet in a position to expect any help from the bacteriologist, and any indications we may possess, either as to the actual channels of infection or the duration of infectivity, are purely inferential, and rely for their authority on certain negative observations derived from actual experience.

Taking first the case of Measles. Having regard to the *early infectivity* of the disease, the *prominence of catarrhal symptoms* from the outset, and the *frequency with which minute droplets of saliva and mucoid secretion* are projected from the affected mucous surfaces, by the explosive acts of coughing, hawking and sneezing, there is every reason to believe that the infective element, whether primarily present in the blood or not, is especially localised in the naso-

respiratory mucous membrane, and that it is by means of its secretions that the virus is disseminated. Both inference and observation alike support the view that the Measles patient is infectious from the very commencement of the illness, and that isolation should be maintained so long as any sign of catarrh can be detected. This, in most cases of Measles, will not exceed a fortnight from the date of the rash. In mild attacks the catarrh will often clear up before this, but I think it is always wise to insist on a fortnight's isolation, I have followed this practice for many years, and have never seen reason to change it. The desquamation following Measles is usually but slight and partial. It is, as a rule, completed within a fortnight, and provided a few warm baths have been given during the convalescent stage, it has probably no bearing on the patient's infectivity.

In the case of Smallpox, in view of the wide variation in severity which is apt to characterise individual attacks—so much so, that it is sometimes difficult to believe that they are instances of the same disease—it is much to be regretted that we are in possession of no demonstrable evidence of practical value to assist us in deciding the question of infectivity. I think it is proven, so far as a negative fact is capable of proof, that the causative agent in Smallpox is not a bacterial one in the strict sense of the term; and even if we accept the *Cytorryctes Variolæ* which is believed by Guarwieri, Councilman, and others, to be the specific cause of the disease, the technique necessary for demonstrating the presence of this parasite is too exacting to be of any practical value in deciding as to a patient's infectivity.

Observations tend to show that Smallpox is less infectious during the pre-eruptive period, and while the rash is still in the papular phase, than it is when further developed; but that in the vesicular and pustular stages of the eruption the infectivity of the patient is considerably augmented.

That the infective element in Smallpox especially attaches to the eruption has been recognised for centuries, as evidenced by the widespread adoption of the practice of inoculation in certain eastern countries, and it is all the more disappointing that every attempt to isolate from the pock an organism capable of transmitting the disease has hitherto been unsuccessful.

There are, as a rule, plenty of micro-organisms to be found in the pock, even in the early vesicular stage, but only of a well recognised, and for the most part, pyogenetic class, and quite devoid of any specific relation to Smallpox.

The fact that the *cytorryctes* has been found in the floor of the small pox vesicle both by Wasielewski and Councilman, and that

the organism has been detected in no other disease, is certainly in favor of the view that the parasite bears a specific relation to Smallpox.

Both observation, then, and inference, alike suggest the propriety of regarding the eruptive lesions, whether of the skin or mucous membranes, as of the highest importance in respect to Smallpox infectivity. On this account the patient must be isolated until the skin is clear of every relic of the eruption, whether in the shape of crusts, scales, or merely powdery débris, the remains of dried-up, unruptured pustules. The length of time required for this varies greatly in different cases. In certain modified discrete attacks it may be effected within a week from the appearance of the eruption. But it is wise to insist on a minimum detention of not less than a fortnight for every patient. In confluent attacks the time required for the skin to become entirely clear of crusts, &c., may extend to many weeks, by reason of the firm attachment of the scales in certain situations. This is particularly true of the scalp, the *alæ nasi*, and the horny skin of the palms and soles. Here the final separation of the crusts is apt to be very tedious. Indeed, in the latter situation the last remnants of the eruption in the form of obsolescent pocks, the so called "Smallpox seeds," may be so buried in the thick cuticle covering the part that it may be necessary to dig them out with a spud before the patient can be safely released from isolation.

Now as regards Chickenpox we are equally in doubt as to the specific causal agent, and what I have said as to the direct relation which exists between the eruptive lesions and the infective element in Smallpox applies with equal truth in the case of the minor disease.

Bareggi, of Milan, reports the discovery of an ovoid coccus in the leucocytes on the fifth day of Chickenpox, and by the inoculation of cultures of this organism into healthy children, claims to have successfully communicated the disease. This statement of Bareggi is of considerable interest from an ætiological point of view, but his observations have so far, I believe, been unconfirmed. It would be still more interesting, I think, to hear the observations of the parents of these unfortunate children on becoming acquainted with these questionable experiments!

De Korté is reported to have discovered a protozoon in large numbers in the serum of the vesicles, which showed active amœboid movements when warmed, and this he regards as the causative agent of the disease. For my own part, I have more than once fallen to the seduction of an especially limpid, glistening vesicle, to the extent of inoculating myself with the clear fluid it contained.

I never succeeded, however, in contracting Chickenpox, and the attempt was a dismal failure. I am rather a hardened sinner, I'm afraid, and having had the disease in an earlier childhood, the experiment was not altogether convincing.

That Chickenpox is infectious in the earliest stage, even before the vesicles are fully developed is beyond all question, and I doubt if the infectivity is augmented at any subsequent period of the attack.

As in the case of Smallpox, the Chickenpox victim should be isolated until every remnant of the eruption has disappeared. In most cases of Chickenpox the scales will have separated by the end of ten days or a fortnight; though in the more severe attacks, in which the rash has come out in four or five successive crops, three, four, or even five weeks may elapse before the skin is entirely clear. Last year I had under my care one of those rare cases of confluent Chickenpox, in which the rash was as copious, and the lesion as severe, as in many cases of unmodified Smallpox. The complete separation of the crusts took more than six weeks, and the child left the hospital much disfigured by permanent and indelible scarring. In every case of Chickenpox, however mild, not less than a fortnight's isolation should be maintained, even though the scales may have become detached in half this period.

No account which professed to deal with the common infective fevers would be complete without some reference to Whooping Cough and Mumps. In the case of the former, claims have been adduced by numerous observers in favour of their own particular microbe as the specific cause of the disease. Burger, Affanassief, Koplik, Szemetzchenko, Zusch, and Leuriaux (why do these Continental bacteriologists have such fearful names!) have each described a *bacillus* which they regard as the essential germ. According to Ritter, it is a *diplococcus*, while Colm and Newmann pin their faith on a *streptococcus* as the causative agent. In each instance the respiratory mucous membrane is described as the normal habitat, and in no case has the organism been detected in the blood.

The researches of Koplik would appear to claim the most consideration. He found and cultivated a minute motile bacillus, showing uniform staining, in the grey mucous pellets which occur in Whooping Cough sputum, and which can be fished out of it by careful handling, in thirteen out of sixteen consecutive cases he examined. Koplik's results confirm the observations of Affanassief, who previously described an apparently identical organism. This he claims to have successfully cultivated, and to have set up a condition resembling Pertussis in dogs and rabbits, by injecting it into the trachea. The experiment, however, is hardly convincing as to its

capability of producing Whooping Cough in the human species ; moreover, various substances, which are normally non-irritating, have been shown to induce convulsive effects when introduced into a dog's trachea. The spectacle of an elderly domesticated rabbit afflicted with Whooping Cough must present a somewhat humorous aspect, I should imagine. Whether the germ responsible for Pertussis be a bacillus or not, there is little doubt but that its main habitat is the mucous lining of the respiratory tract and the sputum, from whence it is readily disseminated. The convulsive phenomena so distinctive of Whooping Cough would appear to be partly of reflex origin and partly intoxicative, acting through the nerve centres. The infection of Whooping Cough, though capable, no doubt, of being conveyed by the breath under favourable conditions, is usually transmitted through the agency of the sputum. It is a matter of common observation that Whooping Cough, though one of the most infectious disorders amongst children who are brought together in close personal contact, shows but little tendency to spread in a ward, if the patients are confined to bed, and due care exercised in keeping apart for their own exclusive use everything liable to become contaminated by their secretions. The disease is infectious from the very commencement of the attack, long before the characteristic whoop is developed, and infection persists in most instances for five or six weeks, though the illness may run a more protracted course.

It is an interesting fact that in cases which appear to have made an unduly rapid recovery, the whoop is liable to re-appear on taking a fresh cold, though this by no means necessarily implies a return of infectivity. In many cases the characteristic whoop is never heard at all throughout the illness, and it cannot be too firmly impressed that the mere presence of the "whoop" is no criterion of a patient's infectivity, however valuable the sign as an aid to diagnosis.

Now, lastly, in respect to mumps, that most distressing, though comparatively trivial disorder. The somewhat comical aspect presented by an adult down with mumps is apt to be provocative of mirth, whereas it should excite the liveliest commiseration. As to the causal agent in mumps, we are as yet entirely ignorant. It is believed that it invades the Parotid duct, and so reaches the innermost recesses of the gland, in the acini of which it undergoes proliferation. On this account it is assumed that infection is conveyed by the breath and by means of the abundant saliva. The disease is exceedingly infectious. A patient is capable of transmitting mumps from the earliest stage of the attack, and before there is any sign of glandular enlargement. The patient should be isolated

for about three weeks, but even in the mildest cases should not be released until the expiration of a clear week after the glandular swelling has subsided. From the point of view of its infectivity the behaviour of mumps is apt to prove very erratic. The period of incubation is usually of two to three weeks duration, but it is worth remembering that in at least *one* well authenticated instance it was no less than four weeks, or to be strictly accurate, 29 days exactly.

Obituary Notice.

THE death took place on February 28th, 1907, of W. Heath Strange, M.D., C.M., Aberdeen, aged 69 years. Dr. Strange entered St. Thomas's Hospital in 1861. He held the post of Consulting Surgeon to the Hampstead Provident Dispensary and to the General Hospital; and was formerly chairman of the Hampstead Division of the British Medical Association.

Hospital Notes.

Mr. H. C. Crouch's many friends will be pleased to learn that he has quite recovered from the illness which necessitated the giving up of his work at the Hospital. He has now taken a large country house on the edge of Ascot Heath, which he has opened as a home for patients, who from one cause or another are in need of country air and some medical supervision. The place Mr. Crouch has chosen to settle in seems particularly well adapted for this purpose, since it is within easy reach of Town, yet is in the midst of the beautiful and wooded country near Windsor Great Forest. He is following in the lines started by Mr. Abbott at The Hermitage, Bletchingley, and is refusing to take infectious cases of phthisis with sputum, the home being more especially adapted for those recovering from illness or operation. The address of the new home is S. Michael's, Ascot.

Another old St. Thomas's man and former Editor of this *Gazette*, Dr. F. C. Selous, has also opened a new home, that of Brackencliff, Barton-on-Sea, for a similar class of patients. This home, though farther from London, is on a very charming part of the South Coast, being situated opposite the Needles, within easy reach of Bournemouth and upon the outskirts of the New Forest.

We wish all success to these two in their new ventures, and feel sure that all St. Thomas's men will take advantage of the fact that we have now three homes of this kind in various parts of the country in charge of men who have served the Hospital in many capacities, and who are known to a wide circle of friends.

* * *

The growth of the modern "Home" is further attested to by the following communication from one of our correspondents :—

Surgery, in its graver operations, was in early times a very perilous calling; and probably in ancient Greece, as certainly in medieval times, local practitioners were wont to entrust the graver operations to peripatetic craftsmen, who took care to disappear before the issue of their work could be known. (Allbutt's System of Medicine. Vol. I, p. 7.)

Surgeons of the present day have more confidence in the results of their treatment. They are even brave enough to take patients into their own "Homes."

* * *

We offer our congratulations to Mr. H. B. Robinson on his appointment as Full Surgeon to the Hospital.

* * *

All St. Thomas's men will be glad to hear that Dr. A. W. Crossley has been selected as one of the new Fellows of the Royal Society.

* * *

Dr. Louis Cobbett has been appointed Lecturer on Bacteriology at the University of Cambridge.

* * *

Mr. Leslie Rawes has been appointed junior resident medical officer to the Waterloo Road Hospital for Women and Children.

* * *

Captain R. H. Bridges, R.A.M.C., is home on leave from India with news of many old St. Thomas's men, including Captain W. H. Tucker, I.M.S., Captain G. D. Franklin, I.M.S., and Captain H. H. Kiddle, I.M.S.

Pippin's Pills for Purple People.

MADE ENTIRELY BY HAND,
SEE THE FINGER MARK ON EVERY PILL.

Each Pill a Pharmacopæia in itself!

Buy 'em ! try 'em ! you'll enjy 'em !
One a week or ten per diem ;
Take 'em iced, or boil or fry 'em,
What the deuce you like—but BUY 'EM !

TAKE one a year and you will be surprised at the result. Take two a month and you will owe your chemist a small fortune. Take three a day and you will occupy a full page illustration all to yourself in a text-book.

Clergyman writes: " Your pleasant Pyrolaxative has opened up a new Vista for me."

'Ennui' says: " Since embarking on a course of your ' Penny Perplexors ' I have experienced new life, fresh emotions, rare sensations, peculiar spasms and an ataxic gait. Save for a pronounced tendency to roll out of bed at intervals throughout the night I feel perfectly satisfied with the result of your remedy. Please return the umbrella I left at your office last Saturday night."

When you're pallid take a ' Purple,'
When you're purple try a ' Pip';
When you court Examinations
And you fear to make a slip.

Why complain of the dull monotony of life? Each Pill contains a different dose—different action.

Mr. J. W. of the Pierrots now sings:

" Hello ! Hello !! Hello !!! It's a different pain again !
Different expression on every face,
Different pain in a different place ;
Hello ! Hello !! Hello !!! To me it's fairly plain,
When you've taken a couple of ' Purple Pills,'
It's a different pain again !"

Take one of ' P.'s Paralyzers ' and you will wonder what is going to happen next.

Messrs. Maskelyne and Devant write: " There is more concentrated mystery in one of your ' Parbleus ' than we could show on the stage in a year. The ' Persplosives ' are things to conjure (certainly not to play) with."

Lady telegraphs: " After being afflicted with a Hypocritic Facies since birth, and having been given up in disgust by hundreds of

qualified doctors, my husband in despair rammed a box of your 'Penetrators' down my throat. Since then I have had all the symptoms of *Locum Tenens*. Send a firkin of *Chlorodyne* by return."

When you hesitate to answer,
And you're feeling you'll be ill ;
Slip your hand into your pocket,
Calm your nerves with Pippin's Pill !

Try them in your bath. The *Daily Mail* says : " Our Public Analyst can detect no difference between your 'Pellicules' and the best Castile. We fought the Soap Trust on your Matchless Cleanser."

Mathematician asks : " Cannot you divulge the formula of your Priceless Preparation, or do you not know yourselves ? Differential Calculus would explain most of my symptoms, but the subject receives scant notice in the surgical text-books."

If you're asked what H. S. Co. means,
Or the usual dose of squills,
Swear you only know the dose of
Pippin's Perfect Patent Pills !

See the name on every box—the finger mark on every pill—the look in every eye. A child can handle them, a strong man cannot help shuddering. Take a P. P. P. P. and have your own rigors.

Alderman of 30 years' standing cables : " Before I used your 'Blastules' I was a nuisance to myself and a danger to others. I now dress my hair with Croton Oil."

Pippin's Pupils vie with Sandow's,
You should see them undulate.
Take a Pippin's " Patent Purple,"
And you'll feel that you can skate.

Paterfamilias writes : " Last Sunday, whilst resting after lunch, my eldest boy (male, aet. 7) playfully fed our tame goat, a very intelligent animal, with a lettuce leaf wound round a few of your Boli ('Senior Wrangler' brand, as advertised). The maddened ruminant immediately progressed diagonally through the conjugate of our cucumber frame—the first welcome shoots are peeping through the soil, harbingers of spring—leaped the kitchen window-sill, and after snarling viciously at the housemaid, and eating a sausage roll she was preparing for my tea, drank the boiler dry, had a very obnoxious fit in the drawing-room, and was last seen expiring on the lap of the village constable. Please send some more pills of milder grade. Your Prospectus, I see, mentions the action of the Preparation on Rodents, but the goat does not apparently come under that category."

Peter Piper picked a peck,
A peck of Pippin's Patent Pills,
Took them home and ate a couple,
Now he's wandering o'er the hills.

Remarkable instance of kill or cure by P.'s Pills. "One in need" writes: "For over 40 years I have completely baffled the entire Medical Profession, tooth and nail. My family doctor, after sitting in deep thought by the bedside for eleven days, said something about having to catch a train and left the house in a baffled condition. An eminent specialist, called in by my husband, came to the conclusion that I was suffering from a sharpish bout of Rigor Mortis, opened the window, staked his professional reputation and went away, leaving his baffled hat upon the piano. A noted helminthologist and the local Vet., called in by the Inspector of Nuisances, were equally nonplussed. The former advised me to work my way through the baffled British Pharmacopœia and ring him up if I felt any change. The latter on leaving had an epileptiform fit of a low baffled type on the doorstep (my husband being fortunately enabled to recover the fee before the ambulance arrived). His opinion, as subsequently ascertained, had no direct bearing on the case.

After suffering incredible tortures for many years, being pitted from head to foot with stethoscopic impressions—until my skin resembled wire-netting—quite by accident a friend, who is no longer on our visiting list, persuaded me to try your "Percolators." Seventeen boxes were consumed without any effect beyond a slight feeling of distension, but on attempting to swallow the contents of the eighteenth I felt my gorge rise to such an extent that—(this testimonial must now cease.—Ed.).

PIPPIN'S PERFECT PATENT PILLS FOR PURPLE PEOPLE

Positively Prevent Palpitation. Pectoriloquy, Paracentesis and Phlebitis. Phagocytosis, Peripheral Pneuritis and Pantophobia. Prodromes, Pediculi, Peptones and Pulices. Peritonitis and Paraplegia.

TRY A PIPPIN!

PIP! PIP!!

Medical Journalism.

WE are not among those who deery the use of newspaper medicine; the peculiarly bewildered condition of the General Public which no doubt ensues is to us more than atoned for by the pure joy which the humour of the Fleet Street Physician brings to the medical man. Still we cannot but sympathise with the mother of London's first case of "Spotted Fever" who was knocked up at 1 o'clock in the morning by the extra special correspondent of the *Evening Mail* to inform the palpitating public when Tommy cut his first tooth.

We think it was the same journal which discovered the Opsonic Bacillus, "that active little organism which attacks and ultimately destroys the consumption germ." Only last week we were advised if we value our health to spring out of bed in the morning, "throw open the window, exhale all the impure air from the lungs, and inhale long, deep, delicious draughts of pure oxygen." The following account of our latest epidemic is quoted from a leading London paper and we feel needs no comment from us:—

SPOTTED FEVER.

SOME FACTS AND A THEORY.

By an Occasional Correspondent.

What is spotted fever? Every one seems to be interested in seeking an answer to the question, and the only answer attainable as a rule seems to be "Cerebro-spinal meningitis. Beyond that lies an impasse. Deeper research brings one face to face with the interesting germ of the disease—*Diplococcus intracellularis meningitidis*, one of the vast family whose size varies inversely to the length of their names. His portrait, if one could produce it, would be merely a couple of circles joined together—a figure eight laid on its side. There is the *fons et origo* of spotted fever. So far as I know the first man in London to track the little double-headed coccus to his lair and see him at work is Dr. X, and he probably knows more than anybody else in London about the disease, because he had the first certain case under his care, and, thanks to him, I can claim a nodding acquaintance at least with *Dip. intracellularis*. Now as to the facts.

First, one has to go back to elementary anatomy. The brain—the original part of man—developed a tail, the spine. Brain and spine are enclosed in a common membrane, the meninges, and somehow—no one knows how—a bacterium inserts itself into the space between the membrane and the brain or the spine, and sets up an "itis"—an inflammation of the brain or spine, as it may be. There he grows and multiplies and trouble ensues. Meningitis, doctors call it, and the disease is common enough—too common—in

THE DEADLY FORM OF MENINGITIS.

There is the point of the whole thing. Dr. X has a theory as to spotted fever which will, I venture to think, solve three parts of the problem and allay the whole scare. His view is that the meningitis bacillus, in "an altered environment," becomes multiplied, and at the same time malignant, and sets up a deadly form of the simpler disease. There is a charm about the phrase "altered environment." Nobody quite knows what it means, but it means much. There are bacilli—millions of them—in us all, which are supposed to be doing good work in digesting food, and so on—disintegrating and generally acting as scavengers. But these little fellows are, to some extent, eternal and variable. They may pass from us into the earth in an encysted form; that earth may be dug over years hence and the encysted double-barrelled coccus may get into water; a dog may drink the water; the bacillus may enter his system, and though he left humanity years before in a form harmless to man, may return in a form which is deadly to the human. It is a big question.

Dr. X believes the disease is neither infectious nor contagious, and points to the case in Lambeth. Then how is the disease spread? And a shrug of the shoulders is the only answer.

(*With Obligations.*)

WHEN the young Obstetric Cleric goes a clerking,
—goes a clerking,
Wy, 'e tikes 'is little 'an'bag in 'is 'and,
—in 'is 'and,
And he tries to set his drowsy brain a-working,
—brain a-working,
Tho' 'e feels 'is little legs'll 'ardly stand,
—'ardly stand.

And when the gentle District is a-sleeping,
 —all a-creeping,
 They'll 'ear 'im blunder softly hup the stairs,
 (—dash the stairs !)
 Thro' the door they'll see his frightened face a-peeping,
 —face a-peeping,
 As 'e 'opes to catch the hinfant unawares,
 —unawares.
 Then the contents of 'is 'andbag he'll untangle,
 —he'll untangle,
 An' 'e'll 'ang 'is little 'at upon the clock,
 (—on the clock !)
 'E'll chuck his tattered jacket on the mangle,
 —on the mangle.
 An' 'e'll tuck 'is little trahser in 'is sock,
 —in 'is sock.

.

An' when at last he's safe at home an' sleeping,
 —fast a-sleeping,
 In 'is dreams 'e's fighting still with P.P.H.,
 —P.P.H.
 An' he sees himself before the jury weeping,
 —nervous weeping,
 While the Court again will censure St. T. H.
 —St. T. H.
 So taking one appointment with another,
 —with another,
 At the Hospital—whatever you may be—
 —as you'll see,
 You'll find there's nothing causes you to bother,
 —you to bother,
 Quite so much as when you're going on O. C. !
 (Poor O. C. !)

Books for Review.

ANTISEPTIC METHODS. By Harold Upcott, F.R.C.S. Baillière, Tindall and Cox. Price 2s. 6d. net.

This excellent little book is intended chiefly for nurses and students who are becoming initiated into the mysteries of operative technique, and to such we cannot too strongly recommend it. The various procedures required to ensure the healing of a wound by first intention are fully set forth and adequately explained. Anyone accustomed to look on at surgical operations must have seen the student or the nurse testing the temperature of the sterilised water by the insertion therein of the far from sterile finger, or carrying the "clean" porringer with the supporting thumb well inside. Such errors are carefully guarded against in this book, which is well got up, and provided with numerous and descriptive illustrations.

ANÆSTHETICS: THEIR USES AND ADMINISTRATION. By Dudley W. Buxton, M.D., B.S. Fourth edition. Price 7s. 6d. (Messrs. H. K. Lewis, 136, Gower Street, London, W.)

This excellent and up-to-date work will prove a most valuable addition to the literature of the subject. It is compact and concise, but none the less complete. Not only does it give practical instruction on the administration of anæsthetics, pointing out the many pitfalls into which the inexperienced may fall, and what is more important, how many of those pitfalls may be avoided by simple precautions, but it also gives most valuable advice on the choice of anæsthetics in those cases where their administration, though necessary, must always be attended by considerable risk and anxiety. The book is, in fact, a thoroughly practical one, and should prove of the greatest help to all who wish to be successful in this difficult branch of medicine.

SKIN DISEASES: THEIR NURSING AND GENERAL MANAGEMENT. By C. Norman Meachen, M.D., B.S., Lond., etc. Price 2s. 6d. London: The Scientific Press, Ltd.

A compact little work, dealing with the diagnosis and treatment of the commoner forms of skin diseases. The book should be of value to those whose time does not permit of the study of a larger work. The rarer forms of disease, so difficult of diagnosis and so infrequently seen, are wisely relegated to a very secondary position.

THE CARE AND NURSING OF THE INSANE. Part I. Anatomy and Physiology. By P. J. Baily, M.B. Price 1s. London: The Scientific Press, Ltd.

A simple statement of the elements of anatomy and physiology, which should be easily understood even by those who have had no previous experience of these subjects.

Club Notices.

THE FOOTBALL CUP TIES.

ST. THOMAS'S v. GUY'S.

This match played at Richmond on February 4th was the culminating point of our Football year, and did not rebound to our credit. Guy's have, however, in their Team a force both mental and physical which it would be hard to beat. And such is their stamina, speed and combination, that the team which beats them must indeed be an excellent one. Against this combination our forwards did all they could, and though slower, were not by any means inferior to our opponents' forwards. Neild, Bingham, Meek and Abraham did some excellent work. Outside the "scrum" we were not so fortunate, and here we did shew our inferiority, having neither speed nor combination nor safe defence. Petch, however, played a very sound game at half-back; his pluck and resource saving us several times from disaster, he was said by an eminent authority, and rightly, to be without doubt the best half on the field. Fox, with considerable pluck, stopped several forward rushes, in the last of which he had the misfortune to dislocate his shoulder. Down the lines the attendance was good and we were glad to see so many of the staff taking such an interest in the game.

Bingham kicked off and Lee returned and by forward play the ball was brought up to our "25." Here Lee made an opening for Stringer who was well tackled by Fox. From a scrum Monaghan passed to Lee who scored the first goal within fifteen minutes of the start, Saunders' attempt at goal failing. Soon after restarting Rae and Wheeler brought the Ball from half-way to the Guy's line, but their forwards brought it back to our "25," and from a scrum, Lee with a fine run nearly scored again, and we had to touch down. Once more, on restarting, we were down on their line, when they were penalised but Bingham failed at goal. Guy's forwards then rushed the ball to our line but kicked too hard and we touched down. This recurred soon after but Stringer managed to get possession of the ball and gained one of the luckiest of tries. It was converted by Archer. Monaghan was the next to score, the kick at goal failing. It was then half-time, Guy's leading by eleven points to nil. In the second half we seldom got the ball at all from the scrum. Stringer scored twice in quick succession, only one goal resulting however. Saunders, however, scored soon after and kicked a goal. Our forwards then pulled themselves together and brought the ball back again, but it only resulted in Lee scoring. Just before the whistle went Lee ran over our line again, another goal resulting. So we lost the match by 84 points to nil.

Team :—J. C. Fox; N. W. Wheeler; A. J. Rae; W. H. R. Sutton; L. Meakin; C. L. Petch; J. H. Crofton; F. M. Neild (Captain); R. G. Bingham, W. O. Meek; R. B. Abraham; N. W. Jenkin; W. Harmens; N. W. Fergusson; A. Whitehead.

It is interesting to learn as we go to press that Guy's are the holders of the cup this year after beating London by 7 points to 8.

S. THOMAS'S "A" XV. v. GUY'S "A" XV.

This contest for the Junior Rugby Cup took place at Chiswick on February 19th, and resulted in our defeat by 21 points to 5 points. Just before play started a heavy downpour of rain rendered the ground slippery and treacherous on the surface, thus confining the play to a great extent to the forwards. The teams were really fairly well matched, we often pushing them forward, they slightly superior outside. The game was a good and fast one. From a line out on their line Mohmud scored our only try, Startin converting. At half-time the score was Guy's 11 points, S. Thomas's 5 points. On changing ends our outsides remained bunched up behind the scrum instead of marking their man who simply crossed our line. Most of our opponents' tries were scored in the last fifteen minutes, the rest of the game being of an even and exciting character.

Team :—M. L. C. Irvine; H. Bowring; Hamed Mohmud; L. Perry; R. S. Overton; A. G. V. French; F. R. B. Skrimshire; J. Startin; P. Harper; R. L. Barwick; C. T. V. Benson; R. Cox; E. G. Fisher; A. C. Anderson; G. W. M. Custance.

OTHER MATCHES.

1ST XV. v. BEDFORD.

A very weak team visited Bedford on February 16th and lost by a large margin.

1ST XV. v. HAMSTEAD WANDERERS.

After a good game at Chiswick on February 23rd, by a few points our visitors proved victorious.

1ST XV. v. CAMBRIDGE UNIVERSITY.

This match on February 18th was scratched by Cambridge on account of the unfit state of the ground.

"A" XV. v. TWICKENHAM.

On February 16th at Twickenham our defence let us down heavily and we lost by about 80 points to nil.

"A." XV. v. MERCHANT TAYLORS' SCHOOL.

An "A" team only in name, there being only two "A" members playing, were somewhat heavily vanquished at Bellingham on February 23rd.

"A" XV. v. MOLESEY.

Played at Thames Ditton, on Saturday, Feb. 9th. In the first half of the game play was of rather a scrambling order, the Hospital doing most of the pressing, Skrimshire scoring a try which Startin converted. On re-starting the whole team played up much better, and two goals and four tries were added before the close of play, leaving St. Thomas's winners by 3 goals, 4 tries, 27 points to nil.

The following scored :—Skrimshire (2), Barwick, Startin, Priest, Bowring, and Overton. J. Wilkinson played a useful game for our opponents, who were two short. The Hospital were good throughout; Whitehead at forward, and Bowring at three-quarter, being perhaps the most conspicuous.

Team : M. L. C. Irvine, H. Bowring, Hamed Mohmud, R. S. Overton, and R. C. Priest; A. G. V. French and F. R. B. Skrimshire; J. Startin, P. T. Harper, R. L. Barwick, C. T. V. Benson, A. Anderson, N. S. Whitehead, and R. Cox

INTER-HOSPITAL ASSOCIATION CUP TIE.

ST. THOMAS'S v. ST. MARY'S.

This match was played at Chiswick on Monday, Feb. 28th. The ground was in splendid condition, so that the game was very fast throughout. We had not quite our best team out, as Svensson was away, and Wilson was obviously not up to the mark. Bristowe again took the field, but of course he and Mann did not understand each other's play very well, having played together for such a short time. At first there was not much to choose between the two teams, the visitors' forwards, if anything, doing more attacking than ours. Brandon was soon conspicuous among our forwards, and several times he got right through the defence, and on one occasion had hard lines in not scoring, the ball hitting the post. However, he was rewarded soon after by getting our only goal.

Our goal was never in great danger, and Gleed was not called upon for anything really brilliant. This was due to the fine defence of the halves and backs. Bowring repeatedly broke up the St. Mary's combination, and Johnson's "heading" was, as usual, the feature of his play. The backs gave one the utmost confidence. Clark tackled with his usual vigour, and Meakin's clean kicking was a treat to watch. As the game progressed, we had distinctly more of the game than our opponents, and had not their goal-keeper been in good form, we should have scored several times.

Half-time saw the score unchanged, and on resuming, play was chiefly mid-field. The Mary's forwards never caused our goal to be in much danger, while our forwards seemed to get within shooting distance, and to be unable to score. The game ended with no further score. It was an interesting one to watch, as the play was fast and fairly even.

Brandon was easily the pick of the forwards on the field, and of the defence it is odious to make comparisons, as it was good throughout. We sadly needed Svensson's "bustling" tactics, as with more rush we should have scored several times.

There was an enthusiastic band of supporters, chiefly from the "School," who doubtless much encouraged the players. The visitors' forwards, as a whole, were their strong point, and their goal-keeper was at times brilliant.

SEMI-FINAL.

ST. THOMAS'S v. THE LONDON HOSPITAL.

This, our second Cup Tie, was played on Thursday, Feb. 28th, at Winchmore Hill. The day was perfect, but the ground was rather soft and uneven. There was quite a change in our forward line, Stobie coming in at outside left, and at the last minute Brandon went centre, with Mann and Laird on the right wing.

The first part of the game inspired the St. Thomas's supporters with confidence, as we did most of the pressing. The forwards were all working hard, and the left wing were often getting the ball down to the London goal. Johnson, realising what a dangerous man Paget-Tomlinson was, if allowed to get away, rose to the occasion, and thanks to some vigorous play, again and again emerged from the fray with the ball.

At one time the London goal was bombarded with shots, but they were too soft to make any impression on the goalkeeper and the London halves, especially Luker, proved to be very substantial and difficult to get past.

Towards the end of the first half the London forwards began to settle down and combine better, with the result that they scored their first goal with a shot which gave Glead no chance. In the second half, our team made a desperate effort to equalise, Bowring occasionally coming up and making a bid for goal. The London forwards were now showing more method in their attack, and soon scored again. Paget-Tomlinson showed a turn of speed on several occasions, as a result of which two more goals were scored against us.

This score cannot be said to be any index of the play of the teams, and no doubt, with Svensson, Sutcliffe and Wilson in the front rank the score would have been less. Our halves were always more in evidence than theirs, and perhaps their chief strength was in their backs. Our forwards were much better in the early part of the game, but became very straggling towards the end. Our team was largely composed of men who have recently come up, and as some of them are very useful players now, the prospects for the next few years seem brighter than they have been for some time.

Team: S. R. Glead, J. A. Clark, L. Meakin, B. Gutteridge, H. Bowring, W. B. Johnson, G. N. Brandon, H. L. Mann, W. B. Laird, W. R. Bristowe, and H. Stobie.

The team that opposed Mary's was identical with the exception of H. B. Wilson and W. Sutcliffe, who preceded Laird and Stobie.

1ST XI. v. SURBITON HILL AT SURBITON.

This match was played at Surbiton, on Saturday 2nd February, the Hospital losing by 3 goals to 2. We started off with ten men and play was soon round our opponents goal. The ground was fairly hard and the game became fast. Brandon scored the first goal and another was added by Laird just before half-time. After half-time Surbiton Hill got through and scored twice in quick succession. For a time play was fairly even and just before time Surbiton again scored winning by 3 goals to 2.

Team:—S. R. Glead; J. A. Clark, H. White; B. Gutteridge, H. Bowring, W. B. Johnson; G. N. Brandon, H. Lauderdale, W. B. Laird, H. L. Mann.

1ST XI. v. OLD STATIONERS.

This match was played at Chiswick on Saturday, February 16th, the Hospital winning by 5 goals to 1. This was quite a good game the Hospital forwards being very conspicuous. The passing was quite the best of this Season, and not long after the start Bowring opened the score. We were pressing all the game and from a corner Bristow scored our second goal. By half-time we were leading by 3 goals to nil, Brandon scoring the third just before half-time. On resuming play the game was again in our opponents half and Sutcliffe scored from a centre from Laird. The Old Stationers now got dangerously near our goal and from a hands in front of goal a penalty was given and the Stationers scored. Another goal was soon added by Brandon and the game ended with the above score.

Team:—S. R. Glead; J. A. Clark, H. White; B. Gutteridge, H. Bowring, W. B. Johnson; W. B. Laird, G. N. Brandon, W. Sutcliffe, W. R. Bristow, H. L. Mann.

1ST XI. v. EMERITI.

This match was played at Acton on Saturday, February 23rd, and resulted in a draw of 2—2. The ground was rather small and very muddy the

result being that the game was very scrambling and slow. Svensson again turned out and scored both goals for us. Clark and Meakin both played a good game at back, Svensson and Sutcliffe doing good work forward. The Hospital scored first, the Emeriti equalising just before half-time. The second half was very slow. Our second goal was scored about half-way through the second half, our opponents scoring their second goal from a scramble in front of goal thus equalising.

Team :—S. R. Gleed; J. A. Clark, L. Meakin; B. Gutteridge, H. Lauderdale, W. B. Johnson; H. B. Wilson, G. N. Brandon, R. Svensson, W. Sutcliffe, H. L. Mann.

1ST XI. v. ROYAL MILITARY COLLEGE.

This match was played at Chiswick on Saturday, March 2nd, the Hospital winning by 4 goals to 2. The Hospital had the most of the game in the first half, the play in the second being fairly even. Brandon scored once, Sutcliffe twice, and Johnson once.

Team :—S. R. Gleed; L. Meakin, H. White; B. Gutteridge, W. B. Johnson, Warburton; W. Laird, G. N. Brandon. W. Sutcliffe, A. White, H. Scobie.

HOCKEY.

ST. THOMAS'S v. GUY'S. CUP TIE (SEMI FINAL).

Played on Friday, March 1st at Richmond, and ended in a draw. During the first half the game was fairly even each side attacking in turn but being unable to score. After half-time we had the better of the exchanges for the first ten minutes, but our forwards were weak inside the circle; towards the end Guy's attacked vigorously but our backs defended well and kept them out, time arriving with no score.

For us the back division was much better than the forward, Sankey, Nightingale and Gemmell being especially good; the forwards were weak with the exception of Dawes who played extremely well but was poorly supported; Unwin also played a good game till he hurt his knee.

We were unfortunate in being deprived of the services of Fox, owing to an injury sustained in the Rugger Cup Tie.

Team : G. E. Thornton; A. C. Gemmell (Captain), S. F. Moore; H. J. Nightingale, C. F. O. Sankey, G. C. Birt; W. C. Ward; W. R. Bristow, H. R. Unwin, H. E. Dawes, J. F. Windsor.

GENERAL CLUB MEETING.

A special Meeting of the Club was held in the Anatomical Theatre on Feb. 27th, to discuss the catering. In the absence of Dr. Box owing to illness Mr. R. Todd was elected Chairman. Mr. Parsons said the meeting was called to inform members that the agreement with the present caterer terminated on May 11th, and the Committee had met on Feb. 26th to consider a tender received from the Aërated Bread Co., Ltd., not that it was either necessary or usual for a Club Committee to consult the members over such matters, but they, the Committee, wished to ascertain the views of the various members, hence the meeting. Mr. Parsons informed those present that he had been in correspondence with the Express Dairy Co., Ltd., but that Company could not see its way to undertake such a concern. He then approached the "A. B. C." The Company's representative had visited the

premises and seemed quite satisfied with the structural requirements. The real question before the meeting was whether the members of the Club would agree to the tender sent in by the "A.B.C." The various items of the proposed menu were read out to the assembly and Mr. Parsons called attention to the fact that under the proposed regime there would be more variety in the dishes than existed at present. Mr. Parsons said the Aërated Bread Company had listened to his representations and he informed those present it would rest with the students whether the affair was satisfactory or otherwise, for if men went out to lunch the Club would probably be in the undesirable position of caterer seeking again in 12 months' time for such a Company could not be expected to run the catering if it didn't pay its way. (Applause!)

On the Chairman asking members to state their views, Mr. Harper asked if "Mary" would have to leave, as she had served the Hospital for 12 years

Mr. Parsons said he thought if she remained it would have to be as an ordinary employée of the "A.B.C."

In reply to other questions Mr. Parsons informed Mr. French he didn't think there was much cause for alarm over the size of the plates of ham, tongue, etc., for he thought that as the Company had agreed provisionally to pay £10 rent, being supplied with coal, gas and electricity, they would not make the slices microscopic. The Company also had considered the advisability of supplying a 1/- Table d'hôte and would supply waitresses, a boy upstairs in the smoke room, and cutlery, etc. It rested with those present whether the tender of the "A.B.C." terminable at 3 months' notice from either party, be accepted or otherwise. On the matter being put to the vote it was carried unanimously. Mr. Parsons said he would report the proceedings of the meeting to the School Council which met later on in the day. (Applause!) The proceedings terminated with a vote of Thanks to the Chairman and Secretary.

MEDICAL AND PHYSICAL SOCIETY.

On February 21st, a paper on "Alcohol and Insanity" was read by Dr. Mott before this Society, and was enthusiastically received. Dr. Mott has kindly permitted us to publish the paper, which we hope will appear in our next issue.

On March 7th, a clinical evening brought the proceedings of the Society to a close for the year, and we may take this opportunity of offering our congratulations to the President and Officers of the Society for the very excellent programme of the past year.

Before the proceedings commenced, Mr. Unwin read the minutes of the last meeting, and a President and officers were elected for the ensuing year. Dr. Perkins was unanimously elected to the president's chair, vice Mr. Wallace, who retired. Messrs. Harper and Johnson were elected secretaries, and the following gentlemen were appointed committee in addition to the President, Vice-Presidents, and Secretaries:—C. M. Page, F. M. Neild, H. J. Nightingale, H. R. Unwin, A. G. V. French, C. F. O. Sankey, E. L. Fyffe, and H. A. F. Wilson.

After the business of the evening terminated, on the invitation of the President, Mr. French suggested that next session at least one evening should be devoted to a debate. The topic chosen to be either general or general medical, so as to allow the first year's men to enter with as much interest into the discussion as the fifth year's men. Mr. Wallace fully agreed, saying that in former years it was the custom to hold a debate—a custom which had died out, unfortunately too, because the *raison d'être* of the Society was to give the men opportunities for practising public speaking—a thing which every medical man must be thoroughly conversant with in after life.

A debate, then, will probably be held next year. The subject has not yet been chosen.

Examination News.

UNIVERSITY OF LONDON, January, 1907.

Preliminary Scientific Examination.

Inorganic Chemistry.—H. V. Welch.

Biology.—D. M. Gibson.

Organic Chemistry.—A. H. Hudson.

Intermediate Examination in Medicine.

W. Weir, C. S. Wink.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—The *Post-Graduate*, the *Hospital*, *Guy's Hospital Gazette*, the *London Hospital Gazette*, *St. George's Hospital Gazette*, the *Medical Times and Hospital Gazette*, *College of Medicine Gazette*, and the *Journal of the Royal Army Medical Corps*.

St. Thomas's Hospital Gazette.

No. 4.

MAY, 1907.

VOL. XVII.

Hospital Notes.

We are glad to see that Dr. Box has apparently quite recovered from his recent serious illness, and has commenced work again. Mr. Sargent, who was so unfortunate as to contract typhoid at the beginning of April, has made uninterrupted progress, and is now fairly convalescent. Mr. Ballance is, we regret to say, still on the sick list, and will, we believe, not resume his Hospital duties till after the Summer.

* * *

Measles has been rife in the Hospital, and the newly redecorated ward of Job has been consecrated by the presence of at least one member of College House.

* * *

It is with the greatest pleasure that we learn that Dr. Sharkey has been asked to retain his connection with the teaching and visiting staff of the Hospital, for a further period of three years. His great experience both as a Clinical teacher and as a Hospital administrator would make his loss one difficult to repair.

* * *

With the retiring Residents, Dr. Harwood-Yarred and Mr. C. A. R. Nitch, go the good wishes of all who have been privileged to work with or under them during their two years in office. During this period, for the first time in the history of the Hospital, the four large operating theatres have been almost continuously in action, and in this and in other ways the work of the Residents, especially that of the Resident Assistant Surgeon, has shown no sign of diminution. To their tactful control much of the successful inner working of the Hospital must in proportion be due, and recognising that this has been an essential feature of the late administration, we may look forward with satisfaction to the continuation of a similar policy under the *regime* of Dr. Dean and Mr. Adams.

The results of the final Sessional Examinations are detailed elsewhere, and we offer here our congratulations to the prize winners and classmen. This is the first year in which the newly-organised scheme has operated in its completeness. Under its regulations men who enter the Hospital at the usual October influx have exactly eighteen months in which to prepare themselves for examination in all the final subjects. The whole of these eighteen months they spend, or should spend, in holding the In-Patient and Out-Patient clerking and dressing appointments—getting in any of the Special Departments which may be possible. An extra three months, or perhaps even six months, can be worked in by entering the Hospital in either the June or April previous to the October, but this is the exception. Similarly, a man who joins the Hospital in January, leaves himself only fifteen months for preparation. The number of men who obtained first classes this year, and who at the same time were eligible for prizes—i.e., were within their year—was small, and in addition, no student qualified for either the Cheselden or Mead Medals, or the Wainwright Prize—a quite unprecedented state of affairs.

* * *

The chaotic condition of Medical education generally, and the requirements and vagaries of the different examining bodies, make it impossible for the Hospital authorities to establish a time limit that will suit everyone. Two and a-half years—the time for preparation under the old scheme was too long; one and a-half years is too short, for few men can do the requisite amount of reading while holding an In-Patient appointment. The solution of the difficulty would appear to lie in fixing the examination at some intermediate date—i.e., either in the June or September—notwithstanding the obvious objections which could be raised to such a course.

* * *

The nursing staff being now adequately housed elsewhere, Victoria is again being used as a change ward, prior to its blossoming forth as the long-awaited additional female Medical Ward. The ward that once was Adelaide, and until the beginning of the year formed the female portion of the Home, has undergone partial internal reconstruction, and is now used for the rejuvenated Physical Exercise Department, under the care of Mr. Timberg. With the additional space at his command, he is able to carry on both the male and female divisions simultaneously. The Electrical Department has finally ceased to exist as a separate entity, and becomes a sub-section of the X-ray Department.

For some time past an attempt has been made to establish a connection, by means of a list kept for that purpose in the Secretary's office, between Thomas's men who are in want of temporary or permanent help in their work, or who, on the other hand, are on the look out for a suitable opening in general practice. There may be no demand for such a provision, in which case the whole thing will doubtless soon fall through. It cannot, of course, succeed in its object unless it is adequately supported both by those who have been at the Hospital in past years, and those who are at present in the happy condition of uncertainty as to their future movements. It not infrequently happens that "a locum" opens the way for some more permanent agreement acceptable to both parties, since this is really the only satisfactory means by which suitability of locality and compatability of temperament can be adequately gauged. There are always good men hanging round, and we fancy there are generally good openings "going." The difficulty is to effect their conjunction. We would therefore suggest, in the event of either contingency occurring, application should in the first instance be made to the Medical Secretary, St. Thomas's Hospital, S.E.

* * *

The main outlines of the new scheme for House Officers have already been breathed abroad, but official details are at present lacking. Briefly, the idea is to give the man who holds an appointment at the Hospital more of an all-round experience than is at present possible. The House Physicians and House Surgeons, elected separately as heretofore, will at once proceed to their in-patient work for a period of six months. At the end of this time they will be eligible for the post of Casualty officer, of which posts there will be six or seven. The Casualty officers will also hold office for six months, and will take it in turn to do the medical and surgical work of the Out-Patient and Casualty Departments. It is hoped that the arrangements will permit of the Casualty men being "resident" within (or without) the Hospital, and in this case one will in all probability act as night Casualty officer. Further, those who have held the Casualty post will be eligible for election to a second in-patient appointment, and as Senior Clinical assistants in the Special Departments; the Junior assistantships being filled by men who have not yet held an in-patient appointment.

* * *

It will be seen that one of the main features of the scheme is to substitute In-Patient for Out-Patient work at the start of the House Appointments. Future H.S.'s and H.P.'s will therefore be relatively

ignorant of the treatment of minor injuries, the removal of tonsils and adenoids and similar "valueless" appendages, and may, perhaps, be somewhat shaky as to their rendering of physical signs. This is of little importance. They will also be inexperienced in the administration of anæsthetics—a matter of some moment for night work if the casualty officers are to be non-resident. The Casualty officer's work is not actually defined. We presume that it will vary from day to day, and comprise most of the main features of both medical and surgical work within the week. This would tend to relieve the work, as at present arranged, of much of its monotony, and would be an experience that we think no H.P. or H.S. would be anxious to forego—certainly not if the appointment is residential. The additional bait of a possible second House appointment would be unnecessary, as such, but might be extremely useful in contingencies. With one of the House officers a previous Casualty officer, all the remaining seven (if the number of H.P.'s and H.S.'s has not been added to ere then) would be certain of obtaining the Casualty post.

* * *

The result of the recent final Conjoint Examinations was quite satisfactory; out of 33 men who entered from the Hospital 27 got through, two only failing in each subject.

* * *

Just at present our athletic achievements, we regret to confess, are not on a par with our scholastic. The only Hospital Challenge Cup we still hold is the Tennis Cup; that we should make no error about retaining. In both Swimming and Water Polo we have sadly fallen from our standard of the past few years, and in both departments efficient recruits are urgently needed. As for the Cricket, we have every confidence in Mr. Holl's ability to lead his team to victory, provided that the new talent available this year is, at least, equal to that of the last two seasons. We understand that the Hospital Sports will in all probability be held about the 20th of June.

* * *

The following are at present home on leave :—

Mr. J. D. Gimlette, from Singapore.

Capt. E. O. Thurston, I.M.S.

Mr. D. K. Coutts, from Cairo.

Mr. P. Harper contributes "Notes on the Weight and the Convolutional Pattern in Seven Chinese Brains" to Dr. Mott's recently issued "Archives of Neurology," vol. iii.

* * *

Mr. F. E. Shipway has received his Cambridge M.D.

* * *

Lieut. R. J. C. Thompson, B.A.M.C., won the officers' "Heavy Weight" in the Army and Navy Boxing Competitions, held at Pretoria on April 3rd.

* * *

Surgeon Dudley, R.N., has been awarded second prize in the recent Examinations at Haslar Hospital.

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"A dinner was given at the Clef Club, Birmingham, by Dr. Foxwell and Mr. Haslam, on April 25th, to old St. Thomas's Hospital men residing in the Midlands. About thirty were present at the dinner, and a most delightful evening was spent. Some of the men had not seen each other since they were students together, and all enjoyed their talks of the old Hospital days. Next year it has been decided that old St. Thomas's men in the Midlands shall give Dr. Foxwell and Mr. Haslam a dinner, and to make arrangements for this Dr. Bernays, of Solihull, has been appointed secretary. The last dinner of this kind was given by the same gentlemen six years ago. It is hoped that these meetings may become annual affairs, for there are about eighty old St. Thomas's men within a radius of forty miles from Birmingham."

Alcohol and Insanity.

By F. W. MOTT, M.D., F.R.C.P., F.R.S.

(Paper read before the St. Thomas's Hospital Medical and Physical Society, February 21st, 1907.)

ONE would almost think, from the statements which have been made by certain persons in high and responsible positions, that if there were no alcohol there would be hardly any insanity. While yielding to no one in the desire to see temperate measures adopted for the control and regulation of the liquor traffic, the care and segregation of chronic inebriates, and the prevention of inebriety, I am of opinion that there is no proof that insanity would diminish to anything like the extent that is believed by some enthusiasts if alcohol were abolished. The President of the Local Government Board has recently pointed out that the drink bill is diminishing, yet the ratepayer knows that insanity is increasing. I am not sure, indeed, that if an island could be set aside for all those who were total abstainers, whether there would not eventuate still a high percentage of insanity there. I feel certain, however, that there would be less disease and *far less crime and pauperism* than in the general population of this country.

What evidence can be offered in support of such an unorthodox statement?

First of all, let us consider the evidence which has supported the statement that alcohol is responsible for a large proportion of the lunatics who are certified as insane, and sent to asylums. For this purpose I analysed the published reports of the London County Asylums since they came under the L.C.C. in 1893.

There is so much variability in the percentages of admissions, in which alcohol is the assigned cause of insanity, in the same Asylum for successive years and in the same year for different Asylums, although the patients are drawn from the same class of the population, that very little reliance can be placed upon these statistics. Take, for example, the year 1902, Hanwell is the highest with 25.6 per cent., and Claybury the lowest with 11.2 per cent. Now, if all the other Asylums showed a similar low percentage to Claybury, we might believe a wave of temperance had swept over London. Then two years later, in 1904, we find in 29.3 per cent. of the admissions to Claybury alcohol is an assigned cause, but at Horton it is only 12.2 per cent., and the other Asylums stand between these two extremes. If all the returns had shown this great rise of 11.2 per cent. to 29.3 per cent. in two years, it might be inferred that a great

wave of intemperance had swept over London. I see, however, no means at present of making these statistics uniform, for no two people think alike, and the personal factors of different individuals come in to such a large extent in judging what constitutes intemperance, that even if in the future the greatest care be taken to make the data accurate, there will necessarily be some considerable divergence in the returns. These figures tend to show the unreliability of collected statistics, but it is upon these statistics that we know is based the statement the accuracy of which I have my doubts about.

I will, however, bring before your notice other facts.

Dr. Bevan Lewis and Dr. Sullivan, the former a distinguished alienist, the latter one of H.M. Medical Officers of Prisons, have each pointed out, by careful statistical enquiry, a dissociation of intemperance in a population, and insanity. Mining, manufacturing and maritime populations, with a high rate of intemperance, show relatively to an inland and much less intemperate agricultural community a much lower rate of insanity. The probable explanation is, that the mentally capable migrate to the large towns leaving the more feeble minded behind to reproduce their like.

Again, an enquiry made by the Massachusetts Labour Bureau, concerning alcohol in its relation to insanity, also an enquiry by the American Committee of fifty, showed that, although a history of alcoholism could be obtained in over 20 % of the admissions, but by no means was it in this percentage that they found excess of drink. It may perhaps be worth mentioning, as an illustration of the danger of *post hoc ergo propter hoc* in relation to alcohol and insanity, that total abstinence was found to be much more frequent than intemperance as an antecedent of insanity. All this evidence tends to prove that an inborn feeble-mindedness and potential insanity, or epilepsy, play a most important part in the relation of alcohol to insanity. I was led to this conclusion from a comparison of my experience in the wards and post-mortem room of Charing Cross Hospital, and the wards and post-mortem rooms of the L.C. Asylums. My attention was first called to the fact that in my hospital practice I saw numbers of people admitted to the hospital who subsequently died with advanced cirrhosis of the liver and ascites, and with a history of prolonged intemperance; yet such patients did not exhibit any mental symptoms, except perhaps the loss of moral sense which was manifest by the fact that they were unable to control a vicious habit of self-indulgence. In all my large experience at the London County Asylums I have only seen one case of cirrhosis of the liver with pronounced ascites, and that was in the case of Jane Cakebread, who was convicted nearly 400 times before it was discovered that she was incapable of taking care of herself, and sent to an Asylum;

and yet Jane was not in the usually accepted sense insane and certifiable. Such unfortunates, if they serve no other useful purpose, do good by affording constant object-lessons to Society of the inadequacy of control of the liquor traffic.

I came to the conclusion that, as a rule, only people with an inherently stable nervous system could drink long enough to acquire advanced alcoholic cirrhosis of the liver, and I therefore instituted a comparative enquiry of clinical and *post-mortem* results of patients dying in Charing Cross Hospital and Claybury Asylum. Dr. Candler, my assistant, has undertaken this, and I have told him not to be in any way biassed in his opinions by my theories, rather to err the other way. I will now give his results, but I may remark that I have been over his statistics and findings with him, and I can vouch for the fact that he has exercised the greatest care and diligence in making them as accurate as possible. The error of the personal equation comes in to a much less degree in collating the *post-mortem* results, for at the Asylum the notes have been made by two or three skilled pathologists, and the same may be said regarding the *post-mortems* at the Hospital. I will not weary you with long details, but briefly summarise the results. 1,099 Hospital cases were examined, comprising 735 males and 364 females; out of this number there were 85 cases of cirrhosis recorded (males, 67; females, 18). These results were found to correspond pretty closely with the results of Dr. Rolleston and Dr. Fenton at St. George's Hospital.

Examination of the *post-mortem* registers at Claybury Asylum over the same period show a completely different condition, as regards the incidence of hepatic cirrhosis, to that found from the study of the registers of a general hospital. Briefly, the whole condition may be summarised by stating that whereas at a general hospital the tabulation of these cases was a comparatively simple matter, it was a matter of great difficulty at Claybury to decide which cases could be accepted as showing definite cirrhotic changes, so ill-defined were they in most instances and so scarce in number. This will be at once evident when it is stated that of 1,271 cases examined only 23 could be accepted as showing definite cirrhotic affection. The points to which I would draw attention are:—

(1) The rarity with which a liver showing naked eye appearances of cirrhosis is found at Claybury Asylum (23 out of 1,271 cases).

(2) The rarity with which definite and well-marked cirrhotic changes in the liver tissue are found at Claybury when compared with those found at a general hospital, the most marked alteration in shape and size having been associated with general arterio-sclerosis, and with general paralysis of the insane, where it is impossible to state definitely how much of the deformity has been produced by the effects

of alcohol alone or is the result of the combined effects of alcohol syphilis and arterial degeneration.

(3) The total absence at Claybury Asylum, during the last six years, of any case associated with ascites.

(4) During the same period there is only one instance in which cirrhosis of the liver has been assigned as the cause of death. In this instance the patient was 32 years of age, was a billiard marker, and had been admitted for homicidal and suicidal tendencies; he died after a residence of three months in the Asylum.

(5) The relatively greater frequency with which acute and chronic gastritis and other inflammatory lesions of the stomach are met with in cases of alcoholic affection of the liver among the insane. It is worthy of note that evidence of inflammatory changes of the mucous and submucous tissues of the stomach and small intestine are frequently met with at autopsy in all forms of insanity; this may be due, to some extent, to the ill-effects produced by the ingestion of foul saliva, a marked condition of oral sepsis being frequently found.

This evidence, therefore, supports the conclusion that alcohol acts as a poison to the feeble-minded, the epileptic, and the potentially insane, and that the quantity of alcohol which is daily consumed by the pillars of society is quite sufficient to convert an epileptic or potential lunatic or certain feeble-minded individuals into criminals or certifiable lunatics. In support of this statement, based upon my own experience, I would also cite the Report of the inspector of Inebriate Reformatories, Dr. Branthwaite.

REPORT FOR THE YEAR 1905, CONCERNING CERTIFIED INEBRIATE REFORMATORIES ESTABLISHED UNDER THE INEBRIATES ACT, 1879—1900.

Dr. Branthwaite, p. 10, remarks: Upwards of 62 % of the persons committed to Reformatories under the Act are found to be insane or defective in varying degree.

"I am satisfied that the majority of our insane inebriates have become alcoholic because of congenital defects or tendency to insanity, not insane as the result of alcoholism, and that the drunkenness which preceded alcoholic insanity was merely the herald—the only obvious sign—of incipient mental disorder. In relation to the final insanity, drunkenness in such cases is the intensifier perhaps, but not the cause of the disease."

We know that alcohol is a poison to the nervous system; how can we then explain the somewhat paradoxical position I have taken up in arguing that alcohol, in its relation to insanity, does not bear the high proportion which is generally accepted. A man who is drunk is temporarily insane, and, as Maudsley truly says, "A

drunken man notably exhibits the abstract and brief chronicle of insanity, going through its successive phases in a short space of time. First, a brisk flow of ideas, inflamed emotions, excited talk and action, aggressive address, unusual self-confidence, a condition of stimulated energy with weakened self-control, so like the sort of mental excitement which goes before an outbreak of mania that the one is sometimes mistaken for the other; next, as in insanity, sensory and motor troubles, incoherent ideas and conversation, and increasing passion, which, according to the previous temperament, is expansive, quarrelsome, melancholic or maudlin, and which may sometimes, as in insanity owning no cause, go through these stages in succession in the same individual; lastly, a state of stupidity or stupor, which might be called, and is, essentially a temporary dementia."

But all these symptoms are temporary, as a rule, and although the individual may be in his drunken fits more anti-social than the *certifiable lunatic*, yet under the present law he cannot be controlled unless he voluntarily consents to enter an inebriates home. If the law permitted control of chronic drunkards, who were anti-social, and not necessarily lunatics, in the sense of being possessed of delusions, hallucinations, or even dementia, but who by self-indulgence of a vicious habit had lost their moral sense, and become a constant annoyance and danger to society, then it would be recognised that intemperance is even more than heredity, the most potent cause of mental deterioration. Alcohol would possibly then, as Haycroft has pointed out, serve as a great agent in the prevention of the perpetuation of poor types, for there can be no doubt that neuropathic and psychopathic degenerates, criminals, lunatics, epileptics, and feeble-minded under the influence of alcohol, in many cases even in *small and moderate quantities*, become actively anti-social, thus leading to their detainment in infirmaries, inebriate reformatories, prisons and asylums. Still more obvious is it that all persons with a *locus minoris resistentiæ* of the nervous system, whether inherited or acquired, whether by injury or disease, are unable to withstand the effects of prolonged inebriety. They must either become anti-social or die from the effects of the drink. The survival of the fittest in the struggle for existence depends more and more upon mental capacity than physical strength. Natural selection thus always tends more and more to place the *locus minoris resistentiæ* of the individual in the nervous system, and in that part of the nervous system which has been latest evolved—the cerebral cortex, the seat of consciousness. If Nature made no failures, it would make no successes. Variations must occur; that inherent neuro-potential instability which may on the one hand in a well-balanced mind lead to constructive imagination and genius of the highest order—

—Nature's success—may on the other hand lead to epilepsy, insanity, degeneracy, and mental perversion—Nature's failures.

Between the two extremes is a wide and increasing class of eccentric and neuropathic individuals, often combinations of cleverness and crankiness, possessing imagination, but lacking calm judgment, zealous, well-meaning, and egotistical, but generally vain and unreasonable in their mental attitude towards those who disagree with them, noisily clamouring for rights when they should be attending to duties, bulking largely in the public Press: they fulfil a mission sometimes good, more often bad.

We may ask, does alcohol act as a test of fitness, and sift out the possessors of inherent unstable neuro-potential, eliminating those in whom will-power is deficient and therefore insufficient to control and restrain the readily excitable feelings and easily aroused passions of a neuropathic or degenerate stock?

To be continued.

The Modern Casablanca.

A REMINISCENCE.

(With Epidemic Apologies.)

THE Dresser stood in A——t Ward,
 Whence all but he had fled;
 A flower in his buttonhole,
 But nothing in his head.
 So neatly dressed and trim he stood,
 So swift to diagnose;
 A creature of anæmic blood,
 With large enquiring nose.

The hours rolled on, he could not go
 Until his work was done;
 That work at which he was so slow,
 Tho' there from ten till one.
 He called aloud, "Say, Sister, say,
 If yet my task is done!"
 He knew not she was far away
 Her lunch had just begun.

"Speak, Sister," once again he cried,
If I may yet be gone !"
And but the bursting stitch replied,
And passed the symptoms on.
To warm himself he ran about
And wheeled the ambulance,
Then from the balcony gazed out
As though fixed in a trance.

And shouted but once more aloud,
" My goodness, must I stay ?"
While o'er him fast the murky cloud
Of London fog made way.
It wrapped the Ward in splendour mad,
Came thro' the windows wide,
And streamed above the gallant lad
Like smears upon a slide.

There came a sound of Sister's voice ;
The Dresser, where was he ?
Ask of the maids that had no choice,
But cleared the Ward with glee
Of scissor, forcep, probe and screen,
That each had left their mark ;
But the silliest thing the Ward had seen
Was that benighted clerk !

Staff v. Students.

THIS match was played at Bramshot, on May 1st. The morning broke dull and dismal, but rain held off, and in the afternoon the sun smiled on the rival teams. The scoring was by a system which is a compromise between that of matches and that of holes. It is said by its inventor to possess the advantages of both and the disadvantages of neither. One point is scored for the match, and a decimal point for every hole up on the 18 holes, match and bye together.

Some misconception of the system led to a heated argument at lunch, but the advent of the pewter pots poured oil upon the troubled waters.

Mr. Cuthbert Wallace and Jack Wallace were first off the mark and rapidly vanished. The pace was a hot one, but Jack Wallace having the pull of his opponent in talking, walking, and coating, won by a short head.

Dr. Hawkins with the aid of a plentiful supply of chocolate, carefully wrapped up in a leaf from the B.M.J., defeated Corbett after a long stern chase; at the end of the round the latter gentleman had acquired the heather step to perfection.

Mr. Fisher and Harmens both played sound golf. Mr. Fisher doing especially well and getting round in a very good score.

Perhaps the best golf in the afternoon was seen in the foursome, between Messrs. Roberts and Wallace, and Tindal Atkinson and Shipton. All played well, but the former couple just managed to win, despite brilliant putting by Tindal Atkinson.

J. Wallace and Corbett beat Messrs. Fisher and Le Sueur, after a close game. The tension of the match was relieved by enforced periods of rest, during which they enjoyed a good view of the match in front of them.

The final result was a good win for the students; this places them one match up.

The course was in good order and the day thoroughly enjoyable. We owe a debt of gratitude to the Bramshot Golf Club, for so kindly allowing us to play on their links.

The full results are given below:

Singles.

Result.		Strokes allowed.			Result.
	G. Q. Roberts ...	5	v.	G. R. Girdlestone ...	1·8
1.1	H. P. Hawkins ..	4	v.	C. D. H. Corbett ...	
	S. J. Sharkey ...	4	v.	W. Tindall Atkinson ...	1·7
	A. H. Greg ...	8	v.	A. H. Savage ...	1·1
	Cuthbert Wallace ...	9	v.	J. Wallace ...	1·1
	H. R. Le Sueur ...	6	v.	W. R. Bristow ...	1·2
	H. Low... ..	5	v.	W. Shipton ...	1·2
1.2	J. H. Fisher ...	7	v.	W. Harmens ...	

Foursomes.

1.2	{ G. Q. Roberts ... }	5	v.	{ W. Tindall Atkinson ... }	
	{ C. Wallace ... }			{ W. Shipton ... }	
	{ H. P. Hawkins ... }	3	v.	{ A. H. Savage ... }	1·2
	{ H. Low ... }			{ W. Harmens ... }	
	{ S. J. Sharkey ... }	8	v.	{ G. R. Girdlestone ... }	1·8
	{ A. H. Greg ... }			{ W. R. Bristow ... }	
	{ J. H. Fisher ... }	8	v.	{ C. D. H. Corbett ... }	1.1
	{ H. R. Le Sueur ... }			{ J. Wallace ... }	

Items.

From the *Pioneer* of March 24th, we quote the following—the work of an Old Thomas's Student.

MOSQUITO BITING.

"One is not surprised to find that the following delightful letter to the 'Dignified Editor' of the *Asian* is signed by Mr. Chatterjee:—Sir.—From the scum of earth these insects originate; their number is so great that both human beings and animals are quite sick of these small insects, specially during spring and summer. Mosquito curtain of course helps a good deal. In the evening and night the swarms of these insects begin to bite everybody without any distinction of creed and colour, age and worldly distinctions. The poor animals at the cowsheds are very much troubled by these iniquitous insects from sunrise to sunset. They have no curtain against the bite of these gnats. There are good sportsman who kill several man-eaters and other ferocious animals by guns and rifles. What instruments can they suggest to destroy these insects who wrecklessly rob the sleep of both man and the beast? There are scientific men and chemists who may point out the means of total destruction of these insects. In spite of sulphur fumigation the swarms of mosquitos take shelter in the sleeping rooms to bite children and other inmates and the household creatures. What means to be adopted by the sufferers is a question which needs a ready solution by the generous readers and the public. With what object they are created by the Creator is not exactly known. They are perhaps originated to suck the venous blood of the men and creatures to establish equilibrium of the blood and lymph which are not the essential parts of the human structure. There are contagious diseases which generally originate from the vicious blood and lymph, such as small-pox and other cutaneous affections. Those who are troubled by these insects at night must bear it in mind that these insects bite them to their good effects. What a science can suggest about the total extinction of these insects is a question to be readily solved through your wide-ventilated paper. Let chemists and sportsmen undertake the means to save men and the beast from mosquito biting. What remedy do we adopt?"

* * *

Among the requisitions, recently handed in at the Steward's Office was one for "one pair of new feet for Sister —." It was marked urgent and signed by the — Nurse! We are still waiting and watching.

We often hear nowadays that the Physicians disappearance from the field of practical medicine is simply a matter of time : that he will be squeezed to his doom between the Surgeon on the one side and the Pathologist on the other. That the latter at any rate, will not have things entirely his own way, is shewn by the following note, which we quote from the last month's Surgical records of the Hospital, April —. "Ski showed a pure culture of the Pneumococcus" !

* * *

There was a young lady named Marjorie,
Whose head was a perfect Menargorie !
When importuned to wash,
Her answer was " Bosh " !
Why ! I'm using Unguentum Hydrargorie !

Appointments.

Dr. H. P. Hawkins has been appointed a Clinical Teacher of Medicine to the R.A.M. College.

Mr. C. S. Wallace has been appointed an Examiner in Surgery to the University of Cambridge.

Dr. F. M. Sandwith has been appointed to the post of Professor of Physic at Gresham College, in succession to the late Dr. E. Symes-Thompson.

Prof. Crossley, F.R.S., has been appointed External Examiner in Chemistry University of London.

The following appointments have also been announced during the last few weeks :—

Mr. R. C. Jewesbury, Medical Registrar Charing Cross Hospital.

Mr. J. M. Wyatt, Assistant R.M.O. Queen Charlotte's Hospital.

Mr. I. C. Maclean, House Physician Brompton Hospital.

Mr. H. O. Blandford, House Physician Brompton Hospital.

Mr. F. B. Treves, House Surgeon West London Hospital.

Mr. J. Wallace, Senior House Surgeon Cardiff Infirmary.

Obituary.

CROKER.—On April 1st, at Sura, Fiji, Edward Ussher Croker, M.R.C.S., L.R.C.P., second son of the late Surgeon-Major A. Croker, aged 32 years.

GARTON.—On March 13th, at Hurst Lodge, Wellington Road, Hounslow, William Garton, M.D., F.R.C.S., who was for many years in practice at St. Helen's, Lancashire. He entered as a student in 1869.

Fourth Year Sessional Examinations.

SUBJECT...	<i>Medicine.</i>	<i>Surgery.</i>	<i>Midwifery.</i>
PRIZE ...	H. A. F. Wilson.	N. M. Fergusson.	M. L. Montesole.
1ST CLASS..	W. R. Bristow.	E. L. Fyffe.	W. Deane.
	G. R. Girdlestone.	W. Deane.	
	R. E. Todd.	H. Dimock.	
		R. E. Todd.	
		H. L. Grabham.	
		F. N. S. Hitchcock.	

SUBJECT	...	...	<i>Forensic Medicine and Insanity.</i>	<i>Pharmacology.</i>
PRIZE	...	...	J. A. Clark.	G. R. Girdlestone.
1ST CLASS	...	...	A. C. Anderson.	A. C. Anderson.
			C. H. D. Corbett.	E. E. T. Nuthall.
			E. L. Fyffe.	J. A. Clark.
			E. E. T. Nuthall.	
			R. E. Todd.	

SUBJECT	...	...	<i>Pathology.</i>	<i>Public Health.</i>
HADDEN PRIZE	...	...	H. A. F. Wilson.	Not awarded.
1ST CLASS	...	...	R. E. Todd.	
			F. N. S. Hitchcock.	

No Candidate qualified for the Cheselden or Mead Medals or the Wainwright prize.

Books for Review.

SOME POINTS IN THE SURGERY OF THE BRAIN. By Charles A. Ballance, M.V.O., M.S., F.R.C.S., &c. Price 15s. net., with numerous illustrations. (London : Macmillan & Co.).

This book, which is beautifully produced, and contains 400 pages, with 200 explanatory diagrams and plates, contains the subject matter of the Lettsomian Lectures, delivered by Mr. Ballance in 1906, before the Medical Society of London. The subject is a new one for a Lettsomian lecturer, and, whereas the material had then to be offered in the form of lantern demonstrations, we now have a well written record of cases of vast interest, not only to the neurologist, but also to the general practitioner, for though the cases selected for description are frequently examples of rare events, yet these must not be neglected by those who are liable to meet with every type of disease. The book represents the experience of a surgeon who has both seen and done much in this branch of the surgical art, but the subject matter is not limited to the experience of one man, for the author has collected details of illustrative cases from all sources, and at the end of each lecture has provided a very complete bibliography. Mr. Ballance does not hesitate to tell us of those cases in which he has failed in diagnosis, or in treatment, and, since human beings can learn more by their mistakes than their success, his method follows that of the greatest teachers of medicine and surgery. Anyone who reads this book can hardly fail to imbibe some of the author's enthusiasm for his subject, and we feel sure that his predictions with regard to the treatment of those now-called "inoperable" tumours will shortly be verified, for not only will the value of trephining and opening the dura as a decompressive operation for the relief of increased intradural pressure be proved, but we may hope to devise successful operations for the removal of the tumours situated towards the base of the brain.

THE INFLUENCE OF COD LIVER OIL ON TUBERCULOSIS. By J. W. Wells, M.D., D.P.H., F.C.S. Price 2s. 6d. net. Sherratt & Hughes. Manchester University Press.

A small concise work of some 80 pages detailing the results of experimental investigation on the effects of cod liver oil upon the nutrition of normal and tuberculous animals. Pigs were chosen for the purpose, and the disease was induced either by direct inoculation, or by feeding with diseased cows' flesh. The number of animals used in the investigations was small, eleven all told, including controls, but by skilful grouping they are sufficient to show, what is generally accepted, that the admixture of cod liver oil with the food is of considerable benefit, both in maintaining the general nutrition, and in assisting the organism in its fight for existence.

In these days when the most ill tutored out-patient dignifies the hospital E. O. M. (and even sometimes the humble Mist. Ol. Ric. of the pharmacopœia!) by the title of "Scott's," it is interesting to learn that this famous emulsion justifies its reputation by being of far greater value than its equivalent of simple oil—and therein perhaps lies the secret of success. A very clearly arranged diagrammatic representation forms a graphic introduction to the text.

MANUAL OF ANATOMY. Vol. II. By A. M. Buchanan, M.A., M.D., C.M., F.F.P.S., Glas., Prof. Anatomy, Anderson's College, Glasgow. 12s. 6d. net. Ballière, Tindall & Cox.

This volume comprises the Anatomy of the Abdomen, Thorax, Head and Neck, and Nervous System, as well as a Glossary, and an Appendix of Anatomical Nomenclature. In addition to this, at the end of each section, there is a short guide to the dissection of the parts which have just been described. The volume is not of large size, and we do not think it will be likely to supersede the older and larger books at present in use in the London Schools. At the same time it is clearly written, and its very compactness makes it easy of conveyance. For those who appreciate the value of a second opinion or an alternative rendering it should be of service. The illustrations, though described as mostly original, are mainly of the stereotyped order.

DISEASES OF WOMEN. By George Ernest Herman, F.R.C.P. Revised Edition. 25s. Cassell & Company.

The chief additions in this revised edition are with reference to the positive signs in the diagnosis of Hysteria as a clinical entity, and the pathology of Chorion Epithelioma. The main features of the book remain as before. It is written largely from the symptomatic standpoint, and this fact tends at first to cause some confusion in the mind of the student accustomed to the classification of disease according to the morbid anatomy of separate organs. With this initial difficulty overcome, the easy reading, sound common sense, and picturesque phraseology of the book, are such as to place it in the front rank of English works on Diseases of Women.

FIRST LINES IN MIDWIFERY. By G. Ernest Herman, M.B., Lond., F.R.C.P. Fourth Edition. 5s. Cassell & Company.

The fourth edition of this book is in most respects the same as the previous ones; it has, however, been thoroughly revised, and a new chapter has been added, in which the author gives the rules for midwives issued by the Central Midwives' Board, with his own comments and advice on them.

The book admirably fulfils its purpose as "a guide to Attendance on Natural Labour for Medical Students and Midwives," and we cannot too strongly recommend it to students before doing their work in the district.

TICS AND THEIR TREATMENT by Meige & Feindel. Translated by D. A. K. Wilson. Messrs. Appleton. Price 9s.

After much wrestling with works made in Germany and spelt in America it is a pleasure to read a book written by Frenchmen and translated by Dr. Wilson. It is always said that whatever matter a Frenchman may have at his disposal he is unequalled at setting it forward. This book is no exception to the rule; moreover the matter is good. The writers evidently subscribe to the principle that in discussing a vague subject it saves time and

temper to start by defining the terms you are going to use. They commence by defining their views of tics and in process of selection and limitation, discuss the etiology of many interesting and common kindred complaints. A chapter on the pathology of tic follows, and then a series of most interesting clinical cases illustrating the views they wish to inculcate. The inclusion of numerous "contrast-cases" bringing out points of differential diagnosis greatly enhances the value of the work. Tics are defined as acts involving the setting in motion of a group or groups of muscles, and performed with great frequency and out of due time and season. The authors would include both clonic and tonic types. In all cases they are started by a reasoned movement to a definite end, and this movement persists and becomes even caricatured though the cause has long been forgotten. It is strongly insisted that in the beginning all tics are cortical and persist as segmental acts though the conscious stimulus has been withdrawn. It is emphasised that tics always occur in those showing the stigmata of mental degeneracy, and that usually a neurotic family history can be obtained. The authors do not associate the actual tic with any hyperexcitability of the centres; just as "pharmacologists know and love to point out," that alcohol is not a stimulant, but rather a sedative of normal inhibitory processes, so they consider that loss of inhibitory power is at the back of all tics; the once purposed act becomes automatic and does not come under the control of an inhibitory mechanism. The hypothesis is interesting especially in its application to treatment. In cases of inco-ordination one may attempt by Fraenkel's exercises to replace automatic acts by purposed acts; the writers would make the muscles concerned in the tic perform purposed movements and thus bring them back under the control of the will. In addition to this the patient should practice remaining motionless for increasing lengths of time, standing the while in front of a mirror. That stark lady who begat the aphorism "whooping cough can only be cured by the rod" evidently regarded the later stages of that complaint as a tic. We cigarette smokers simply tic; an originally purposed act becomes automatic and is performed with undue frequency, this occurring in one whose mental . . . but perhaps the hypothesis is not so very sound after all. Among many interesting clinical cases is the dolorous history of the gentleman who developed alcoholic poisoning. Was he an alcoholic? Nothing of the kind. He suffered from a drinking tic—a habit of raising the hand to the mouth and then pronating strongly holding the while a vessel containing fluid. It was his misfortune to have happened upon alcohol. The book can be heartily recommended as it is full of information concerning common conditions in whose presence the average man is apt to feel rather helpless. It will be a comfort to the house officer who goes to out-patients prepared to deal faithfully with Beri Beri or Dengue only to find himself confronted by a small boy with a stammer. Among many good chapters is that dealing with the choreas where true chorea is contrasted with the tics into which it may develop. In conclusion one may note that the writers are very hostile to the surgical treatment of tics, on the ground, that as general disease all that can be performed by operation is to alter the situation of a system without affecting the *causa causans*. Certainly our results at this hospital in the treatment of torti-collis support Dr. Wilson's personal opinion that their experience must have been unfortunate.

Club Notices.

CRICKET CLUB.

The draw for the Inter-Hospital Cup is as follows :—

Bart's v. London	}		}		}	
University v. Westminster	}		}		}	
Guys v. King's	}		}		}	
Mary's v. Charing Cross	}		}		}	
Thomas's v. Middlesex	}		}		}	

It is hoped that many new men will be able to play this season.

F. H. Holl and F. M. Nield have been given their cricket colours for 1906.

CAMBRIDGE GRADUATES MEDICAL CLUB.

To the Editor *St. Thomas's Hospital Gazette*.

Dear Sir,

May we as Secretaries of the above Club draw the attention of any Cambridge Graduates who may be at your Hospital to its existence, and the object of its existence?

The Club was founded in 1888 in order to further the interests of the Medical and Natural Science Schools of the University of Cambridge, and to promote good fellowship amongst its members. It now consists of over 550 members.

Any qualified member of the medical profession who is a graduate of any faculty of the University of Cambridge is eligible for election.

A Dinner or Smoking Concert is held once or twice a year in order to give the members an opportunity of meeting one another.

We have ventured to write this letter because we feel that there must be many Cambridge Medical Graduates who would be willing to join the Club. who hitherto, perhaps have not been aware of its existence.

We are

Yours faithfully,

HUNTER TODD, 111, Harley Street, W.

LOUIS B. RAWLING, 16, Montague Street, W.
(*Hon. Secs.*)

[We are asked to add, that Mr. Corner (who is the Member of the Council for St. Thomas's) will be happy to furnish particulars with reference to the Club to any who may be thinking of joining it.—ED.]

Examination News.

UNIVERSITY OF CAMBRIDGE, April, 1907.

Third Examination.

Part II. *Surgery, Medicine and Midwifery*.—S. P. Chan, S. Churchill, A. I. Cooke, A. N. Dickson, H. Dimock, L. H. L. Mackenzie, A. H. Suhr.

CONJOINT BOARD, March and April, 1907.

First Examination.

***Chemistry and Physics*.**—C. V. Anderson, C. H. L. Rixon.

***Elementary Biology*.**—F. C. Cowtan, M. S. Esler, H. Mahmud, S. A. Wilkinson.

***Practical Pharmacy*.**—*R. D. Brown, V. Vesselovsky.

Second Examination.

***Anatomy and Physiology*.**—D. C. Bluett, J. S. Hopwood, K. D. Marriner, B. C. Maybury, W. L. Pink, F. C. Pridham, E. A. Seymour, F. Lewis Smith, T. E. A. Stowell.

Final Examination.

***Medicine*.**—R. L. Barwick, A. I. Cooke, S. R. Gleed, H. Granger, H. N. Little, * R. E. Todd, H. T. Treves, W. G. H. M. Verdon, J. F. Windsor.

***Surgery*.**—* F. O. Arnold, R. G. Bingham, * S. Churchill, * H. E. T. Dawes, * H. Dimock, J. E. Ellcome, * W. S. Leicester, * B. T. Parsons-Smith, * W. Patey, * G. Price, * A. L. Sachs, * E. C. Sparrow, * R. E. Todd, W. G. H. M. Verdon, * H. B. Weir.

***Midwifery*.**—J. L. Graham-Jones, M. H. E. R. Montesole, * W. Patey, C. H. L. Petch, S. E. Whitnall, J. F. Windsor.

* These gentlemen have completed their Final Examination.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—*London Hospital Gazette, St. Bartholomew's Hospital Gazette, Guy's Hospital Gazette, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Middlesex Hospital Gazette, The Broadway (Westminster), All India Hospital Assistants' Journal, The Hospital, Royal A. M. C. Journal.*

St. Thomas's Hospital Gazette.

No. 5.

JUNE, 1907.

VOL. XVII.

Alcohol and Insanity.

By F. W. MOTT, M.D., F.R.C.P., F.R.S.

(Paper read before the St. Thomas's Hospital Medical and Physical Society, February 21st, 1907.)

(Continued from page 93.)

I WILL now consider the different types of cases admitted to the Asylums in which alcoholic excess is the assigned cause. Many of the recoverable cases are closely allied to those admitted into the hospital.

A large proportion of the recoverable cases admitted to the London County Asylums consists of pure drink cases, and of these 50 per cent. are discharged within three weeks to six months of admission. They often return again in a short time, and some cases, termed "recurrent mania" and "recurrent melancholia," are discharged and admitted many times, thus fictitiously raising the recovery rate. Many of these people would not come to the asylum were they not subject to the temptation of drink, for which they have an inborn or acquired intolerance owing to an unstable nervous organisation; some of them, however, are pure drink cases sent to the asylum when nearly of sound mind, owing to the fact that the hallucinations and delusions have either entirely or nearly left them since the admission order was signed by the magistrate. The motor restlessness when they were admitted to the asylums may have proportionately subsided, and it would have been better for the individual and the ratepayer had such patients not been sent to the asylum. Such people may lose their employment if it is known that they have been in an asylum; it casts a stigma on their families; lastly, it costs the ratepayers from one to several pounds for each case transferred from the infirmary to the asylum.

Leaving out these quickly recovering cases, there still remain a large number of cases of alcoholic insanity which may or may not have had previous symptoms of delirium tremens, but affecting persons of an inborn or acquired unstable mental organisation, epileptics, degenerates, imbeciles, potential lunatics, general paralytics, subjects of head injury, local brain disease, syphilis, and arterio-sclerosis; in all

such cases the symptoms caused by the poison are liable to be prolonged and even become permanently installed.

According to the predominant features of the mental derangement, cases are diagnosed "alcoholic mania," "alcoholic depressive mania," "alcoholic melancholia," "alcoholic dementia," "acute hallucinatory insanity," or as the Germans term it, "alcoholic hallucinosis," "alcoholic delusional or paranoid insanity," "epileptic insanity," or "pseudo-paralytic insanity." If alcohol is the essential factor, however, in the production of the insanity, there will be certain specific indications in all these varied forms of insanity pointing to the more or less specific action of the poison. Even in the absence of a history of alcoholic indulgence there are certain physical signs and mental symptoms which point to alcohol as the cause. The more certain these signs and symptoms, the more certain can we be that the cause is removable and the more hopeful the prognosis. These signs and symptoms are found most pronounced in the two conditions of mental and nervous disorder which occur in hospital practice, viz., delirium tremens and polyneuritic psychosis. The symptoms are in such cases the results of the more or less prolonged action of the poison upon a more or less stable nervous organisation—that is to say, drink is the essential cause. Although every form of mental derangement may be closely simulated by alcohol when an insane temperament is acted upon by a sufficient quantity of the poison, yet when alcohol has been an efficient cause in the production of the insanity there are certain indications in the character and constancy of the illusions, hallucinations, and delusions, in the mental state as regards orientation in time and space and loss of memory of recent events, in the existence of a purposeful motor restlessness impelled by the hallucinations and delusions, and in the existence of tremor. Moreover, alteration of the deep reflexes, tenderness on deep pressure of the muscles, anæsthesia, paræsthesia, and hyperæsthesia indicative of neuritic affection are frequently present singly or combined.

The affection of the neural structures subserving kinæsthesia, both central and peripheral, has been pointed out by Bevan Lewis, and is evidenced, not only by the objective and subjective signs and symptoms of neuritis, difficulties of gait and station, in the performance of fine muscular movements, but probably also by the frequency of creeping, crawling, odious things being the subject of the hallucinations. It may be supposed, indeed, that the primary seat of the hallucinations of rats, mice, snakes, spiders, beetles, and bats, such frequent characteristic features of delirium tremens, may arise in the neurons subserving the kinæsthetic sense. Possibly awakened by peripheral paræsthesia, the kinæsthetic cortex revives, by association with the visual cortex, images of creeping, crawling animals, black, grey, and shadow-like, the images of which are projected outwards by the mind on to the wall or, in some instances, to the near point of distinct vision; hence the

purposeful movements and psycho-motor restlessness occasioned by these terrifying visions which are so characteristic of acute alcoholic poisoning. The following case is instructive. A general paralytic was admitted with signs of *mania a potu* to one of the asylums; he saw black devils, which flitted round him and lighted on his nose, putting stinking things in his nostrils and mouth. When the effects of the alcohol had worn off he passed into a state of marked euphoria, and angels now came and moistened his lips with honey, and put sweet perfumes into his nostrils.

Visual hallucinations, also of a terrifying character, are the spectres of dead persons associated with coffins, of burglars, of policemen and detectives, of men hidden in the house, of people who follow, accusing the patient of crimes or indecency, and calling him opprobrious names. The visual hallucinations arise probably in the visual cortex and excite by association verbal auditory hallucinations. These terrifying hallucinations of vision and hearing may lead to the patient running into the street in a semi-nude state and being taken up by the police. The more systematised these hallucinations, and the more they tend to the development of fixed ideas of persecution while the mind clears up in other ways, the more certain can we be that the patient is of an insane temperament, and that the alcohol has been the exciting factor in converting a potential lunatic into a probable subject of chronic insanity.

The existence of hallucinations of smell and taste are rare; generally speaking, they are strongly in favour of an insane temperament. The frequency with which delusions of poisoning occur is possibly, in some instances, due to an insane interpretation of the pains caused by dyspepsia, occasioned by acute and chronic gastritis. I am the more convinced that this hypothesis may be true in not a few instances by the frequency with which one finds *post-mortem* evidence of morbid conditions of the stomach in the insane. In some instances, no doubt, the compulsory swallowing of drugs to make them sleep, or to quiet them, has given rise to delusions of poisoning.

That insane interpretations of the pains associated with inflammation of the cutaneous nerves may cause dangerous delusions is shown by the following cases: Several women who had the physical and mental signs of polyneuritic psychosis had delusions that they were on fire, that they had been set on fire with torches, and one patient, who was not then paralysed in her limbs, tried to jump out of the window. The proof in this case that there was a neuritis was afforded by the fact that a bullous eruption occurred shortly after on the limbs and trunk, a condition which I have histologically shown to be due to a neuritis of the cutaneous nerves. Another women tried to get bangles off her wrist that were not there; she developed wrist-drop the next day. Neuritic pains may also be insanely interpreted as the work of electrical machines.

Perhaps some of the most characteristic delusions are those related to the sexual functions, jealousy and suspicion of fidelity of the husband by the wife, and the wife by the husband, which may end in murderous assaults. It must be, however, remembered that there is sometimes a basis of truth in these accusations. Not infrequently a woman takes to drink because of the cruelty or infidelity of the husband, and the converse is also true.

Women suffering with polyneuritic psychosis often have the delusion that a baby is in the bed. One woman saw two babies. The several hallucinations arouse appropriate auditory hallucinations; they hear the baby crying. This may in some instances be correlated with a recent miscarriage. In fatal cases of this affection, often known as Korsakoff's disease, I have observed the frequency of uterine and tubal disease, and this leads me to suppose that there may be a peripheral origin to this delusion. Again, women sometimes complain that they have been violated at night. The frequency with which married women have hallucinations and delusions about babies, and in their delirium talk about babies, finds a parallel in the occupation delirium of men suffering with delirium tremens. The carman drives his horses, the publican serves and talks to his customers, and the actor performs his tragedy and shouts "All the world's a stage," &c. But nearly all these hallucinations and delusions, especially auditory and visual, may occur in insanity in which there is no alcoholic factor. It is, therefore, difficult to decide simply by the hallucinations and delusions alone, whether alcohol is the cause. Should they persist *while the mind otherwise becomes clear*, it is probable that the case is one in which alcohol has only played a subordinate part and the outlook of chronic insanity is probable. This is all the more likely to be so if the hallucinations and delusions become systematised, and there is a complete absence of any peripheral cause.

While the effects of alcohol are still operating there are certain signs of mental derangement which are very characteristic; the patient may be depressed or excited, according to his temperament. The majority of cases which come to the asylums, who either do not recover speedily, or not at all, exhibit signs of mental depression, and the history of the case frequently shows that they drank because they were miserable, worried, and had lost their employment, or their money and business, or had family troubles. Not infrequently this has led to attempted suicide. These cases of mental depression may be associated with excitement and motor restlessness, and be termed "alcoholic mania," or the delusions of poisoning and melancholy may lead to their refusal of food, and they are termed "melancholia." The alcohol taken may be merely a co-efficient with other conditions, such as the critical periods of life, climacteric, combined with worry and trouble acting upon a potentially insane person. To ascertain whether alcohol is the essential cause of the insanity, it is desirable to look for those charac-

teristic signs of alcohol poisoning found in delirium tremens and polyneuritic psychosis, and in proportion as these are present or absent we may gauge the probability of alcohol being an essential and efficient cause of the mental disorder. We distinguish between delirium tremens, so common in males, as compared with females, and polyneuritic psychosis, in which the converse obtains, but it must be remembered that there is no hard and fast line between these two manifestations of nervous and mental disorder, the result usually of chronic alcoholism. I have seen cases of delirium tremens which, after the delirium had passed off, manifested well-marked symptoms of polyneuritic psychosis, and some cases of polyneuritic psychosis have symptoms like delirium tremens at the onset. This latter form of chronic alcohol poisoning may terminate in a permanent paralysis and contracture and marked alcoholic dementia, and the post-mortem findings in such cases reveal organic changes in the central and peripheral nervous system in measure proportional to the loss of function. Still, it is astonishing what improvement can occur in such cases if they are carefully nursed and properly treated to prevent permanent contracture and wasting.

Chronic alcoholism may be manifested in the patient's conversation in various ways. There is often a tendency to wit and humour; the mental association is rather by rhyme and repetition of well-worn jokes, abusive epithets, and coarse vulgar stories than keen logical repartee. Again, boastful loquacity, untruthfulness, and the tendency to relate *pseudo-reminiscences* is a common symptom of chronic alcoholism. Especially characteristic is the mental confusion associated with the narration of *pseudo-reminiscences*.

A boastful loquacity frequently leads them into trouble, and of being suspected lunatics with delusions of grandeur. Their conversation may show a great deal of mental confusion and a tendency to wander incoherently from one subject to another without logical sequence, displaying a marked forgetfulness of what they had uttered a few minutes before. If their attention can be obtained it cannot be maintained, and there is a tendency to repeat themselves. They will talk unreservedly and unceremoniously in a familiar manner with either inferiors or superiors. This tendency to confabulate is a striking feature of chronic alcoholism in its manifold aspects. Personal illusions and affixing wrong names to persons are very common. Patients suffering with mental derangement from chronic alcoholism frequently are unable to correctly name the place where they are, or give the correct date or even the time of the year. Often a patient will tell you that she came to the asylum yesterday when she has been there months. Women suffering with polyneuritic psychosis are particularly liable to this loss of orientation in time and place. They may even forget where they live, although they remember where they went to school.

Loss of knowledge, or perhaps more correctly speaking, loss of recollection of events that happened since the patient had shown mental signs of the poisoning is common in women with polyneuritis psychosis. One woman, a cook, with signs of syphilis, had been in Hanwell four months and told me that she came "last night." The curious part of her story is that she had been married twice; when her second husband visited her she believed him to be her first husband, who had been dead many years. Although this is strange, it is not altogether unexpected, for it is the rule that these patients, who are unable to revive in consciousness any recent events, yet are quite able to recollect all the events of their childhood and early life. A bookmaker who was suffering with chronic alcoholic dementia could not remember the name of the horse that won the last Derby, although he was told several times, yet he could repeat the winners for each year from West Australian up to a few years ago. Again, as showing the peculiar features of alcoholic poisoning, I may cite the following case: A woman at the climacteric period was admitted with alcoholic mania and suicidal tendencies. She was a good type physiognomically, although the flushed face with dilated venules on the nose indicated chronic alcoholism, to which she freely confessed. She said she wished to leave the asylum, there was nothing wrong with her, and the cause of her drinking was grief caused by the death of her husband, who fell in the dock and was drowned.

As many of these patients are not scholars I apply simple tests of memory, of attention, and of calculation involving simple judgment and reason. I applied the following tests to this woman, who was able to give a coherent history of her life and knew the date she was admitted to the asylum, how long she had been here, and where she came from. I said to her: "You want to leave the asylum?" "Yes," she replied. "Then you must remember the name of the superintendent; it is Dr. Jones." She struck up a rhyme, "Oh Mr. Jones, oh Mr. Jones, he broke his bones by falling over cherry stones." I then asked her to remember the name, which she said she would have no difficulty in doing.

I then applied the second test. "You are given half-a-crown, and you go to a shop to buy half-a-pound of tea at 1s. 6d. per pound and a pound of sugar at 2½d., how much change will you have?" She was quite unable to state the correct amount.

Again, they may be able to repeat the multiplication table correctly, but if you reverse the multiplication sum they will give wrong answers. Thus, they will give 7 by 5 correctly, but 5 by 7 they will make different. I now returned to my previous question, "Who is the Superintendent?" She had quite forgotten. When I said, "Who broke his bones?" she replied, "Why, Mr. Jones," and finished the rhyme, but was unable to reason from it that that was the name of the doctor who would be able to discharge her. Another test which I have

found useful for detecting slight mental impairment in cases that are recovering is that used by Marie in testing cases of aphasia.

Take three pieces of paper of unequal size. Tell them to carry out three separate and distinct operations for each piece. They will be able to carry out each order when given separately to them, but if before they commence any one the orders for the three are given together, they will forget and carry out the orders imperfectly. Thus, tell the patient to fold up the large piece and put it in his pocket, the middle-sized piece to be folded and handed to you, and the small piece thrown on the floor. Whether it is the lack of power of attention or inability to recollect more than one order I know not, but the frequency with which failure occurs in alcoholic subjects shows mental impairment which is not discovered if any one order is given. With respect to this test I may remark that I recently had under my care in the hospital a case of polyneuritic psychosis complicated by syphilis, in which the patient on admission was apparently hopelessly demented, passing urine and fæces under him and showing marked mental confusion, tremors and paresis; yet withdrawal of the poison and energetic anti-syphilitic treatment for a fortnight led to a complete clearing up of the mental state, so that he performed this test correctly and also the calculation test. This made me think of the dictum of Dr. Savage, "With alcohol all things are possible." Another very severe case of paralytic polyneuritic psychosis is now under my care in the hospital, and is making a most remarkable recovery.

Certain Types of Alcoholic Insanity.

It is a well-known fact that a person, in getting drunk, may either become excited, boastful and grandiose in his ideas and conversation, as the French term it "*vin gai*," or melancholic, maudlin and sentimental — "*vin triste*;" so the cases of alcoholic insanity fall into two groups. The majority of the cases are either mania, frequently with depression or melancholia, but a few cases are exalted, boastful, loquacious, and have actual grandiose delusions so pronounced as to simulate general paralysis. In fact, these cases are often diagnosed as general paralysis, and no wonder, for in most cases of alcoholic poisoning, in the early stage, the pupils may be sluggish in their reaction to light, the facial expression altered, the tongue and lips tremulous, the speech is often slurred, and syllables may be left out, the handwriting tremulous; and not only may the spelling be incorrect, and the words cut up into separate syllables and letters and syllables left out, but marked mental confusion may show itself in the matter expressed. The knee-jerks are altered, sometimes exaggerated, sometimes diminished or lost. To these objective signs and symptoms must be added the symptoms of mental derangement. Loss of memory, loss of knowledge of time and place, hallucinations of sight and hearing, but most marked and perplexing in this class of case are delusions of wealth and grandeur,

instead of delusions of persecution, and it is the existence of these grandiose delusions which so often leads to an erroneous diagnosis of general paralysis. The dementia is, however, not progressive; the pupils, although at first sluggish in reaction, are usually not unequal, and the patient does not babble unsolicited of his wealth and grandeur as a general paralytic does, but only on questioning does he exhibit such delusions. The symptoms most alarming in their similarity to general paralysis may entirely disappear and the patient be discharged recovered; not infrequently, however, the opportunity of examining cases of this affection arises from death by intercurrent complications—*e.g.*, pneumonia, dysentery or heart failure. The naked-eye and microscopic appearances are quite unlike those of general paralysis. Although the membranes may be opaque and thickened, there is but little wasting of the cortex; the floor of the fourth ventricle is not granular, or only slightly so in the lateral sacs. There is microscopically no disorganisation of Meynert's columns, and no evidence of lymphocytes or plasma-cells in the perivascular lymphatics of the cortex. The only definite microscopic change is some neuroglia cell proliferation in the subpial and septal structures of the cortex and replacement by it of the association fibres in the tangential and supra-radial layers. Generally there is evidence of chromolytic changes of the pyramidal cells and active proliferation of young glia cells.

Dipsomaniacs are occasionally brought to the hospital and asylum. These are persons who have periodic cravings for alcohol, who in the interval lead a sober and respectable life. Suddenly, for no accountable reason save an unnatural and insane craving for drink, dipsomaniacs neglect their homes and their business, take little food, do not attend to their personal care and comfort, and, drinking continuously to satisfy their morbid craving, sink into the lowest depths of moral degradation, and for a time lead an unnatural and vagabond life. Some reason or other may bring such a patient to the hospital or infirmary, or they of their own free will return home, and in a short time recover and resume their normal life. A respectable photographer, with all the signs of delirium tremens, was admitted under my care at the hospital. He had a bottle of cyanide of potassium, with which he wanted to poison himself and wife. He had delusions that he was followed by a man named N——. A hypnotic gave him a long sleep, and when he awoke all his delusions had disappeared, and he told me that he was not habitually intemperate, but that during the last few years he had had periods of craving for drink which he could not overcome. In the intervals he hardly touched anything, and lived perfectly happy with his wife and family. Curiously enough, he had had a similar attack two years ago, and had been brought to Charing Cross Hospital, when he had the same delusion about being followed by a man named N——. He informed me that this man was dead, and that he had nursed him.

Epilepsy and Alcohol.—It is well known that epileptics are particularly intolerant of alcohol, even in comparatively small quantities. The fits occur more frequently and are more severe, and it is certain that men who have even never had fits become epileptics in later life by the abuse of alcohol. I have observed, both in hospital and asylum practice, numbers of such cases; in some the epilepsy is the direct effect of the alcohol upon an inborn, potentially unstable, nervous system; in others it is the action of the poison upon a brain damaged by syphilis, arterio-sclerosis, or injury. One very interesting case of this was a soldier who was entirely free from any hereditary taint, and who rapidly rose to be a non-commissioned officer; he acquired in South Africa *multiple cysticercus cellulosæ*. He had several fits, and was invalided home. About the worst thing possible was done for him: he was put in charge of a canteen, acquired habits of drinking, eventually resulting in his developing alcoholic epileptic mania. He became a patient of Sir Victor Horsley's, who discovered the cause of the multiple tumours he had. He is now in Hanwell Asylum, and he is quite rational and does not suffer with any fits while he is unable to obtain alcohol.

It is not, however, in respect to the motor fits that alcohol is so dangerous to epileptics and potential epileptics; but in respect to the development of an impulsive automatism, causing them to commit indecent acts, crimes of violence, murderous assaults, and attempts at suicide, of which they may have no recollection. Some of the cases, however, of homicide and of attempted suicide remember perfectly well, and the question of responsibility for their action arises. (*Vide* report of Dr. Hubert Bond.)

Many of these epileptics are quite sane when they have been in the asylum a short time, and have to be discharged; frequently they are readmitted more than once owing to drink.

Other types showing intolerance to alcohol are imbeciles and degenerates. They are sometimes in prison, sometimes in the work-houses, sometimes in asylums, or in inebriate reformatories. A good example among many I could cite is Case E. J.—, who was sent to hard labour for three months and six months; subsequently he was sent to Hanwell, and he is there now, but he has been discharged and re-admitted six times. In the statistics such cases bulk largely in the recovery rate. It may well be asked, From what have such cases recovered? Not infrequently, history shows that such cases belong to a family of criminals, lunatics, and feeble-minded.

BRIEF ACCOUNT OF THE STRUCTURAL CHANGES IN ALCOHOLIC POLYNEURITIC PSYCHOSIS.

The brains are generally of good weight, of good convolutional pattern, and do not as a rule show much evidence of thickening of the pia-

arachnoid membranes, increase of cerebro-spinal fluid, or other obvious signs of cerebral wasting. The ventricles are not granular, but there may be a few ependymal granulations in the lateral sacs of the fourth ventricle. Microscopical examination shows some wasting of the tangential fibres and subpial glia cell proliferation and felting, but as a rule this is not marked. The fibre systems are otherwise well preserved. There is no very marked glia cell proliferation in the cortex, and when sections are stained by the Nissl method, the cells of the columns of Meynert are not distorted or poorly stained; their apical processes are not cork-screwed (*vide* figs. I and II). There is no lymphocyte and plasma cell infiltration around the vessels and in the membranes, consequently we should always be able to decide between the brain of a patient suffering from alcoholic dementia and general paralysis; for in the latter disease there is marked cortical wasting, granular ventricles, thickened membranes, excess of cerebro-spinal fluid, and microscopic changes, indicating great cell and fibre destruction, increased vascularity, with perivascular cell infiltration and neuroglia proliferation.

The changes in the central cortex by the microscopic study of the cell lamination and fibre systems do not, according to my experience, explain (by our present methods) the mental symptoms of alcoholic psychosis. Dupré does not consider that the mental symptoms of the disease can be correlated with its morbid anatomy, and cases were observed in Ballet's Clinique, in which no histological changes were detected in the cortex to account for the well-marked mental symptoms observed during life. But the integrative action of the nervous system depends not only upon the *recognisable* anatomical basis of mind, the cells and fibres, but also upon the condition of the substance which forms the physiological *synapsis* of the neurones. This bio-chemical substance may be a product of the Nissl substance much the same as the ferment of a gland cell is the product of the pro-ferment; it may indeed represent neuro-potential. It is pretty certain that the bio-chemical changes incidental to neuronic activity take place at the synapse, and we may accept MacDougall's hypothesis of an inter-neuronic substance which is essential for all nervous activity and especially for the processes of attention. The action of the poison in paralysing the functions of the cortical cells would serve to explain the loss of attention, of memory *for recent events*, and the mental confusion, all symptoms indicative of exhaustion of cortical cells with disintegration of function.

Besides the changes in the peripheral nerves with which you are doubtless familiar, there are certain very characteristic changes in the sensory and motor cells, which can be demonstrated in the posterior spinal ganglia, the anterior horn cells or their homologues in the base of the brain and medulla oblongata, and in the large psycho-motor (Betz cells) of the motor area of the cerebral cortex. The changes can be demonstrated readily by Nissl method, and are indicated in the

figures II, III, IV. The nucleus is large and clear, often dislocated to the side and sometimes extruded altogether. The Nissl granules may be almost entirely absent, or only found at the periphery; sometimes the cytoplasm is vacuolated or shows an excess of pigment. In severe cases many of these neurones must be permanently destroyed as shown by the fact that their axons with their myelin investing sheaths undergo degeneration. This can be easily demonstrated in fatal cases by Marchi method if the patient died within a month or two of the onset of the paralytic symptoms (*vide* figure V), and by the Weigert method if the patient has died at a later period when a substitution sclerosis has had time to develop. The degenerative changes will be found in the pyramids of the medulla, the crossed and direct pyramidal tracts and the posterior roots, posterior columns, anterior roots, and anterior root zone. Even in severe cases, only a portion, and that relatively a *small portion*, of the cells are completely destroyed beyond hope of recovery; and this is a matter of very considerable importance in prognosis and treatment, for if the neurones are to recover their specific energy, we must afford them the necessary stimulus, and this can only be effected by preventing contracture and atrophy of the muscles by massage and passive movements. The chromolytic changes in the cytoplasm and the alterations of the nucleus may be due to a *réaction à distance*, that is to say, they are similar to the changes produced when a nerve is divided. The peripheral neuritis causing death of the axons of a number of the sensory and motor neurones would produce changes of the nature of reaction of injury, and combined with the toxic condition of the blood, would lead to death of a number of cells of low specific energy.

I do not regard the changes described in the sensory and motor spinal cells, nor in the cortical motor cells, as being peculiar to alcoholic neuritis. I have found the same in the polyneuritic psychosis of lead poisoning. I have only found changes in the psychomotor cells when there has been an associated polyneuritis. In some cases cortical hæmorrhages occur (fig. VI.)

In conclusion, I would remark that a great deal has lately been written about the attitude doctors should take up in regard to alcohol. Probably the teaching of the late Dr. Parkes is the best to take up on this question:—"It produces effects which are often useful in disease, and sometimes desirable in health, but in health it certainly is not a necessity, and many persons (especially neuropathic individuals) are much better without it. As now used for mankind, it is infinitely more powerful for evil than for good, and though it can hardly be imagined that its dietetic use will cease in our time, yet a clearer view of its effects must surely lead to a lessening of the excessive use which now prevails."

Fig. I.—Section of the top of the ascending frontal convolution from the brain of a highly intelligent man who died of tetanus, stained

by Nissl method. The weight of the brain was 1,500 grams, and this may account for the greater depth of the cortex than fig. II. The cells present a normal appearance. Observe the nucleus and the Nissl granules of the giant psycho-motor Betz cell, and compare with three similar cells in fig. II.

Fig. II.—Section of the top of the ascending frontal convolution from the brain of a woman who died of alcoholic polyneuritic psychosis of long standing, stained by Nissl method. Observe that there are no vascular changes as in general paralysis; the columns of Meynert are not disorganised, the pyramidal cells, *with the exception of the giant Betz cells*, show but little difference to the normal in appearance and numbers; yet this patient was demented. The Betz cells show the characteristic changes described in the text. Magnification 120.

Fig. III.—Photomicrograph of a group of anterior horn cells from the lower lumbar region, showing various degrees of central chromolysis and nuclear displacement.

Fig. IV.—Photomicrograph of a section of the first sacral ganglion, showing chromolysis and eccentric nucleus. Magnification 120 Nissl's stain.

Fig. V.—Diagram of sections of the spinal cord at seven levels and of the lower part of the medulla from a case of acute alcoholic polyneuritic psychosis, representing the Marchi degeneration found in the posterior columns, the anterior root zones, and the crossed and direct pyramidal tracts.

Fig. VI.—(1) Shows the naked eye appearance of the cortical capillary hæmorrhages in a case of acute polyneuritic psychosis. (2) Shows a small vessel with inflammatory nuclear proliferation and fatty degeneration; a capillary branching from it terminates in a hæmorrhage, the result of the rupture of its wall. Magnification 250 x 1.

Figs. I, II, and VI are reproduced from the "Archives of Neurology," Vol. III.

Figs. III, IV, and V are reproduced from a paper by Dr. Sydney Cole on the Systematic Examination of the Central and Peripheral Nervous Systems and Muscles in a case of Acute Alcoholic Paralysis with Mental Symptoms, "Archives of Neurology," Vol. II.

Hospital Notes.

We heartily congratulate Dr. Turney on his election as a full Physician of the Hospital. The In-Patient Staff now consists of five Physicians and six Surgeons. A certain amount of rearrangement of the Medical Wards must necessarily follow. This will probably take place after the summer.

* * *

Certain changes which have just been announced, with reference to the arrangements for some of the Hospital Prizes, seem worthy of mention. In the first place there has been a complete readjustment in the marking for the Treasurer's Gold Medal. Hitherto the marks obtained in the Sessional Examinations of the second and third years have aggregated three times the highest possible number which can be obtained in the fifth year examination. In future this will be equalised, and the full marks obtainable in the final sessionals will just about correspond to the full marks for the second and third years combined.

* * *

In addition to this, the date of the Hospital Entrance Scholarship Examinations has been altered. Instead of being held, as heretofore, in the beginning of October, these will take place—*intending 'Varsity and Pre. Sci. candidates please note*—in the July, the revised regulations coming into effect in July, 1908. This will make it possible for men to compete just after having finished their Professional Examination in the identical subjects, and then to get a really respectable holiday before starting work at the commencement of the winter session.

* * *

The new catering arrangements in the Club appear at present to be working satisfactorily. The general appearance of the dining room is immeasurably superior to anything that has been seen there for some years past. The food, generally speaking, is excellent, and the *table d'hôte* luncheon a revelation. The service is not always, perhaps, quite as prompt as we should desire, for the ladies who attend to our simple wants do not bustle to anything like the extent of the perspiring

waiters of old. But this is being gradually remedied. It is interesting to note that alcoholic beverages have practically disappeared from the tables. Mr. Parsons deserves and obtains the gratitude of all the members for the trouble he has taken in the matter: the whole reorganisation has been largely due to his own personal initiative.

* * *

As a sequel to our performances in the last conjoint examinations, we have now to chronicle a brilliant success in the final London M.B. B.S. lists just published. Fourteen men entered from the Hospital, and of these nine obtained the degree, one passing in Group II only. The Honours list contained the names of nine men all told. No less than three of these were Thomas's men, H. G. Bennet obtaining distinction in Medicine, A. C. F. Turner in Pathology, while H. J. Nightingale was awarded the Gold Medal with distinction in every subject except Midwifery and Diseases of Women.

* * *

As a Hospital our social functions throughout the year can hardly be described as numerous. Towards the end of January we get into our stride with the Nurses' Conversazione (the exact explanation of the terminology employed has up to the present eluded us). In May comes the now annual Students' Club Dance (which we refer to in another column), and the season closes in June with the Sports Day and the Prize Distribution Day. Of course there are others, such as the Nightingale "At Home," but here it is only the elect few who are privileged to behold our budding sisterhood in its own secure retreat.

* * *

This year the Sports Day has been fixed for June 18th. It is a day on which all are welcomed—and on no occasion does our Chiswick athletic ground look more alluring. During the last few years the climatic conditions have been most favourable, and we must hope for a similar kindly provision in the present instance. One of the most attractive features in the programme, viz., the Donkey Race (in costume and on real skittish quadrupeds), has had for the last three years to be abandoned. A College House Race now forms a somewhat inappropriate substitute. The cream of the meeting, however, is the Staff Race, in which certain of the senior members of the staff, with their customary self-sacrifice, offering themselves upon the

altar of popular enthusiasm, yearly vie in a Homeric struggle
suitable to their wind and weight

* * *

The Prize Distribution has been fixed for June 26th. The presentations will be at the hands of Mr. Rider Haggard, and the official portion of the programme commences at 3 p.m. A band will be in attendance in one of the quads. (or should it be courts?); there will be "tea on the terrace," and the Hospital and Medical School will be thrown open for the general inspection.

* * *

We publish in this month's Gazette the conclusion of Dr. Mott's paper on "Alcohol and Insanity." We have to acknowledge his courtesy for the permission so afforded, and also his kindness in allowing us to make use of his beautiful microphotographic illustrations of the changes detectable in the central nervous system in cases of alcholic polyneuritic psychosis. These, together with his appended descriptive account, form a most valuable addition to the paper.

* * *

A word of explanation, perhaps, is due to account for the sudden alteration in the external appearance of the Gazette—this has been occasioned by a change in the arrangements for its production. During the last few years the printing and general style have left nothing to be desired, but with a necessarily limited circulation it was felt that a new move in the nature of financial reorganisation had become imperative. Every effort will be made to produce the remaining numbers of this year's issue in entire conformity with those that have already been published.

* * *

The third round of the Golf Competition has now been concluded without any outbursts of superlative excitement. In Cricket, the first eleven record so far stands—won 3, lost 2, drawn 1. The Tennis VI have not been altogether happy in their choice of results; perhaps they have not been fully represented. The Rifle Club appears to be going strong.

A former servant in the Department of Morbid Anatomy, now enjoying a pension, was widely known under the soubriquet of "Punch." The Postmaster-General wishes to know to whom he transmitted his title, as a telegram despatched on May 22nd to "'Punch,' St. Thomas's Hospital," could not be delivered. The addressee apparently has a friend of the same name at Petersfield.

* * *

The following is an extract from a letter from Dr. J. L. Prain (H.S. in 1896), who nearly lost his life in the recent earthquake in Chile:—Valparaiso, Chile, S.A.—I have tried several times to draw a verbal picture of our experiences, but it has on each occasion ended in a ghastly failure, and so I am not going to try it again. Men have been known to juggle with words and become famous as poets, etc., and men have juggled with harmony and live on in our memories as musicians, but I refuse to believe that the man lives (or has lived) with the power of describing a bad earthquake !!! In the first place, terror fortunately dazes one's senses, and only after a lapse of time can one begin to realise all one went through, heard, and saw. This fact alone is a stumbling block to giving a description such as would convey to your mind (or anybody's) the awful hideousness of an earthquake of the greatest magnitude. My fate, I consider, was very hard. Only about 20 months before I had taken charge of the English Hospital, and all my energy, work, etc., had been spent in getting it into first-rate order. I wished the place to be the best here, and by these means repay myself for all my toil and expense. Things were going famously. I had a new operating room (quite as good as yours, I guess, except for the flooring, as I could not afford such a luxury as those Thomasian stone floors). I had new baths, new dispensary, new pantries, new kitchen, and was almost one-quarter the way through the renovation of the wards, when — in a few brief seconds (that seemed hours) the whole place is broken up. I had at that time 18 patients on the premises, and 'tis God's mercy alone that forbade their deaths. I had the day before the earthquake taken in an acute mania case, and was at the moment interviewing the friends when the shake began. We tried to get out of the building, but we could not at first get the door open. Rats in a trap thought we ! However, we eventually got out, the friends rushing off hatless to look for their own kith and kin, and I to see after my patients. I had not got very far before I was knocked off my feet, and then decided to turn the gas off at the meter. Easier said than done. I was on my hands and knees digging to find the key which was buried beneath bricks, dust, mud, coals, etc., when one of my boys (male nurses) hurried up, and between us (still digging as the dog does) we eventually found the key. Then we found that

the gas pipes had been bent and the gas could not be turned off. Then I had to bring brute force to bear on the pipes, and succeeded to the extent of cutting off the gas. The hospital was now in darkness.

* * *

I now started after my patients, having ascertained that 16 had been accounted for by the nurses meanwhile (14 of them had decamped "on their own"), and two more still missing. I found the 17th (a boy whose toes I had amputated—all his toes except one), and managed to carry him out, having in the meanwhile almost been thrown into the open court in the middle of the hospital building. The banister was broken against my arm by the force of the impact, but thanks to carrying him I kept my feet. Having got him out, I returned by myself to look for the last, but never found him; at last I got out myself with a prayer of gratitude on my lips after the terrible experience I had gone through. The missing patient had, it appears, rushed for an exit in the dark, but as the walls had fallen out, the floor was no longer level but on the slant. Much to his astonishment he had (involuntarily) assumed a sitting position (with a huge proportion of "bump" in it), and thus slid out into the garden, falling on the debris of the wall. Curious way of getting out of a building where there was a brick wall two or three minutes before, is it not? That's how we manage things in Chile! In England you would have had to get out by the door, or not at all, so you see we are ahead of you in some respects. As none of us dared to go into the building again we spent the rest of the night in the garden in the rain. My lunatic escaped, but (unfortunately) turned up the next day, and before I got him to the asylum he led me "the devil of a dance."

The Treasurer's Report.

THE Treasurer's report for the year ending 1906 has just been issued. The report is largely a financial statement for the past year, but it also details information as to the number of patients treated within the Hospital, and the number of out-patients and of casualty patients during the same period, together with other statistics of a similar nature. We shall not attempt to submit the report to a general review, but at the same time we think that a brief summary of its leading features will not be without its interest.

For the reception of ordinary patients 531 beds were available throughout the year. If to these be added the 30 Victoria beds (which were not used last year) and the 42 beds available for paying patients in the Home, we arrive at a grand total of 603 beds.

Of the 531 ordinary beds, only 150 are appropriated for the use of purely medical (adult) cases. The corresponding number on the surgical side is 232! And yet, the number of medical beds is from time to time still further reduced by the habit of retaining post-operation cases on the medical side instead of transferring them automatically. The average daily number of patients in the Hospital was 475: this is the highest number on record. Their average duration of stay was 26.2 days, the same as last year, and a slight increase on the four previous years. The total Hospital mortality for the year works out at 10 per cent.

With regard to the monetary side of the question, the ordinary income during the year amounted to £51,588, of which only £1,615 is accounted for by subscriptions, donations, and the contribution of the Hospital Saturday Fund (£180). In addition to this the legacies during the year totalled a value of £11,000, which is slightly in excess of the average.

The total cost (calculated on the average daily number of patients, 475, and the ordinary expenditure, £56,627) comes to just about £119 a bed. This sum of course includes the cost of the out-patient department as well, and is a reduction of £18 a bed since 1904. It is useless to give here the statistics of other London institutions similar to our own, as the calculations of no two hospitals can be regarded as strictly comparable.

During the year two more beds were endowed at a cost of £1,000 a piece—one in Charity, the Clara bed, and the other in Clayton, the Croft bed, in memory of the late Surgeon to the Hospital.

Rates and taxes cost the Hospital £2,600, and we believe this sum is about to be still further increased.

Victoria awaits the commencement of the policy of the open door, and the two wards which up to January of this year constituted the

Home are also available for use as general wards. So that, were the money for their maintenance forthcoming, instead of 531 beds for general use 621 beds might be so utilised. We might point out that the removal of the existing call on the Hospital funds for rates, etc., would in itself be almost sufficient to provide the necessary outlay in this respect for the entire year.

The report also furnishes a table of the Hospital dietary, revised to April, 1907. This does not differ markedly from the one published in the Hospital Pharmacopœia. Fever diets are unaltered. The exact weight of the meat and fish allowed to the patient in the dinners for the full and fish diets respectively is now definitely specified, similarly the amount of milk for breakfast or supper. Batter and suet disappear from the "full" dinner, and gruel once again finds a place as one of the supper events.

Quite recently an old printed copy of a dietary of the Hospital, of unknown date, came unexpectedly to hand. In those days the cheese and beer combination was evidently in great demand. We print this diet sheet in full :—

FULL DIET.

Breakfast.—Milk Porridge 4 Days, Water Gruel 3 Days.

Dinner.—Three Days $\frac{1}{2}$ lb. boil'd Mutton, and two Days Beef ; the other two Days 4 oz. Butter, or 6 oz. Cheese.

Supper.—Broth one Pint, on Meat Days.

Bread 14 Oz., Beer 1 Quart in Winter, and 3 Pints in Summer.

MIDDLE OR LOW DIET.

Breakfast.—Milk Porridge 4 Days, Water-Gruel 3 Days.

Dinner.—Six Oz. of Mutton or Veal five Days, the other two Days as above, viz., Cheese or Butter.

Supper.—Milk Porridge 4 Days, Water-Gruel 3 Days.

Bread 12 Oz., Beer 1 Quart.

MILK DIET.

Breakfast.—Milk Porridge 4 Days, Water Gruel 3 Days.

Dinner.—1 Pint Rice Milk, or 8 Oz. of Pudding (if possible) three Days.

Supper.—Milk Porridge 4 Days, Water Gruel 3 Days.

Drink one-part Milk and two Water ; a Quart in Winter, three Pints in Summer. Bread 12 Oz.

DRY DIET.

Breakfast.—2 Oz. Cheese, or 2 Oz. Butter.

Dinner.—The same as the Full Diet, 'Till it can be determined about pudding.

Supper.—2 Oz. Cheese, or 2 Oz. Butter.

5 Sea-Biscuits or Bread. Beer 1 Quart a Day.

FEVER DIET.

Barley-Water, Water-Gruel, Panado, thin Broth, Milk Porridge, Rice Gruel, Balm or Sage Tea, when ordered.

A Hospital Appeal.

(Special interview with Mr. Amsterdam, of the Mundane Hospital.)

"WELCOME! Welcome to our Palliative Precincts! Home of Healing! Struggling Samaritans ever striving. What? Newspaper representative? Oh—excuse me—part of Royal speech—always ready. Step inside, mind the step, and keep your feet off the tape measure."

So Mr. Amsterdam greeted our reporter yesterday.

"Glad to see you. Yes! busy measuring bandages! I am always measuring bandages and making statistics. Excuse me a moment. Let me see, six times round St. Paul's + twice the height of Nelson's monument = 39806·7 inches. Seventeen bandages weigh thirteen ounces. Just unroll these for me. Each bandage two inches wide, one week to roll 'em up again. No, cannot work it that way.

"What? Yes, the 'Prince of Beggars' they call me, 'The Great Collector,' and other names, whilst here I receive Royalty and collect bandages. Bandages from all the wards, and measure them. Elsewhere I collect money. Money. I ask for it with both hands, and sometimes get it—in the neck.

"Every and all day, all and every other night we relieve people. Of money if they are well, of ailments if they are ill. Last year, 123,456,789 people (if my memory carries me) passed through the Hospital, some of 'em right through before we could stop them. The odd 9 turned out to be painters at work upon a new window sill, and we had a deal of trouble trying to get the medicine out of them again. We treat all alike, though not out of the same bottle. All who come, irrespective of age, sex, or creed. Even Royalty. Surprise luncheons require very careful preparation indeed, and astonishment is often expressed at the excellence of our *al fresco* Fever II. Yes! it used to be a trifle jumpy just at first, those surprise visits, but now we are quite used to sovereigns dropping casually into casualty. If they would only drop a trifle more often into the collecting boxes!

"We make most careful enquiries of course as to a patient's ability to pay for his treatment. Only the other morning I questioned 123456 (the figures may refer to bandages, one gets so confused) patients as to their comparative destitution. The majority appeared unable to comprehend my meaning, many left abruptly and without treatment, some were too destitute to answer me in ordinary words.

"We do it all ourselves. Sometimes I myself help—with the bandages. What do the Government do for us? Nothing. What do we do for the Government? We have voted for them. We have not. We have helped our future legislators. Last month, for instance, 789

School Board children were sent to us with ringworms. We asked them to leave them outside, and killed them in an hour with the Royal Rays. Then the ever raging battle we wage against Phimotic disease. (Zymotic may be the word. I forget.) In fact to such an extent have those afflicted come to us, that we have had to place a notice in all the railway stations : —

<p>PLEASE KEEP</p> <p>away from</p> <p>THE MUNDANE HOSPITAL</p> <p>FOR A SECOND!</p>
--

—with a dial to tell them how far to keep away.

"Could you not give me a few statistics, Mr. Amsterdam?" enquired our representative. "Statistics! STATISTICS!" returned the great beggar eagerly, "I am simply covered with them. They ooze from me to such an extent that when I am on my day I have to be small-warded! I have statistics for Sovereigns; Figures for the frivolous; Items for the incredulous; Facts for the feeble-minded, and Prescriptions for the penniless. I am always watchful, ever insistent. Many a multi-millionaire have I espied from my watch tower as he indolently strolls past with plutocratic pomp to his gorgeous suite on some ocean greyhound, or saunters superciliously through the district where his sweating slaves grind their grimy lives into gold dust to guild his guilty garage (I think of getting a Daimler myself)—anyhow, it is the work of a second to lure him into the Hospital, fill him up with statistics and Epsom salts, and thrust the ever open cheque book and ever ready fountain pen into his trembling hand.

"At any time, in any company—statistics! Irrespective of heredity, age, and sex: profession, rank, and place—I forget how the tag runs—statistics! A friend meets me—how do I do?—'better than the 2 4 6 8 10 patients who entered our Hospital last week!' is my bitter retort. 'Will you not partake of another *asperge en branche, sauce hollandaise*, Mr. A?' enquires my West-end hostess with *insouciant* hospitality. 'Nay, madame,' I reply, with hungered reproach, 'but I will take it with me to place in the nearest collecting box. One giant asparagus amongst the CLIXMVII collecting boxes we have placed in London stations last year!' The company are impressed and out comes my cheque book. The wealthy come to inspect the Hospital or workmen to repair it. 'Tis me they meet before they go (unless they

see me first). They leave studded with statistics as tho' with bee stings. A tall visitor comes—is he aware that we use his height in packets of dilating powders before breakfast each morning? A short man—has it ever struck him that a bowl of his evident capacity would hardly hold the teeth we extract from the toothless on our special days—that the yards of drainage tubing we use at each operation would encircle his girth xyzab² times—that a balloon 99 times his size could not contain the gas talked in our Tercentennial appeal? “Why, you yourself,” continued the deft demander, turning on our reporter, “may be ignorant of the fact that were you to give one shilling to our Hospital for every bottle of temperance ale you have consumed ——”

But at this point our representative withdrew and the interview closed.

The Students' Club Dance.

THE success of last year's dance was repeated this year on May 15th, at the Empress Rooms. The receipts by sale of tickets amounted to £173, and the expenses to £120 8s. 6d. A cheque for £52 11s. 6d. has been handed over to the Club. To the Secretary of the Committee, Mr. A. B. Howitt, our congratulations are offered on this most satisfactory result. Not many of those present at the dance realised the great responsibilities and endless worries which are the lot of the Secretary of the Dance Committee, but all agreed that we could not have found a better man for the post. We trust that by next May Mr. Howitt may have sufficiently recovered from his exertions this year to undertake the duties of Secretary a third time, or, should this unfortunately not be possible, that a worthy follower in his footsteps may be forthcoming. Our thanks are also due to the ladies of the Committee, who, by their patronage of and presence at the dance helped to make it so successful, and to Mrs. Makins who kindly consented to receive the guests. The Stewards looked ornamental, and bore their decorations with becoming modesty.

It is understood that before next May our revered “Residents,” together with certain representatives of the Clinical Laboratory, contemplate taking out a course at a high-class dancing academy. To the results of this experiment we look forward with great interest.

Obituary.

CHARLES JAMES MEABURN PHILLIPS,

AGED 24 YEARS.

On May 14th we were all shocked to hear of Phillips' sad death from pneumonia. Few of us even knew that he was seriously ill. He apparently contracted a cold while acting as No. 1 during an arduous accident week, eight days before, and was compelled to go off duty on May 6th. Many at the Hospital will recall his extremely severe illness of two years ago, and his tedious convalescence after general peritonitis, secondary to appendicular trouble. We may conclude that this prejudiced, to some extent, his powers of resistance, though he seemed in himself quite to have recovered his former health. To those who knew him well he was always a true friend and a cheery companion. He was a keen sportsman, and though never excelling was always ready to support his Hospital in any game that came to hand. To his relatives we offer our sincerest sympathy.

Heard Through the Stethoscope.

THAT Mr. Nitch has been appointed a Demonstrator of Anatomy to the Medical School.

That Mr. T. A. Chater has been appointed Resident Surgeon to the Hospital at Pietermaritzburg.

That he sailed from Southampton on April 20th, after a hearty send off from several Hospital friends.

That Mr. T. C. Maclean, fresh from his trip round the world, has settled for a while at Brompton.

That we shall hope to hear the Brompton Hospital band to even greater advantage at the next conversazione.

That we are represented at Brompton by no less than four other distinguished Opsonists or Physicians, viz., Messrs. Inman, Bruce, Atkinson, and Blandford.

That the Hospital for Sick Children, Great Ormond Street, has

become a popular rendezvous for past (and present) "Members of the Hospital."

That among the House Officers we may name Messrs. Gray, Cunningham, and Sington, and among the Sisters, Miss Wilson (late Sister Florence) and Miss Bell.

That both of the Nurses MacRae who left the Hospital a short while ago have been accepted for the army, one being stationed at Woolwich, the other at Netley.

That Mr. Devas, laid low by measles, and so prevented from attending his surgery Vivas at the College, has been excused the paper in the forthcoming examination.

That Mr. F. R. E. Wright and Miss Harper (late Sister Ophthalmic) were married on the 10th inst.

That the revised regulations as to smoking in the lobbies have met with general approval.

That few have heard of them, and that those who have not should immediately enquire at the Porter's Lodge.

That certain members of the staff have already "prejudiced their chances of future advancement."

That Dr. Stainer's wedding in Westminster Abbey on the 1st inst. was worthy of the occasion.

That Mr. R. K. Cox has been accepted by the Church Missionary Society for service abroad.

That Mr. N. R. Cunningham has been appointed to a position of trust in the Johannesburg Hospital, South Africa.

That intense local excitement has been caused in a certain London suburb by a thrilling performance à la Milo of Coventry.

That a member of the Hospital, wearying of triumphs with stick and racquet, made an unpremeditated appearance in the title role.

That Dr. G. T. Birks (H.S. 1904) has been appointed Honorary Assistant Physician to the Bedford County Hospital.

That to Dr. Walter Haward, of Hampstead (H.P. 1904) has been born—a daughter.

That the casualty temperature occasionally approaches Fever heat.

That in a letter of June 4th, a Lambeth lady asserts that her son of 15 years is suffering from "St. Viper's Dance," and is in consequence "most heretable."

Years ago in Out-patients:—

Assistant Physician to cirrhotic looking individual (*pleasantly*): Well, my man, have you ever had any fits?

C.L.I. (*enthusiastically*): Yes, I've 'ad lots of fits.

A.P. (*more pleasantly*): Let's hear about them; were they epileptic fits?

C.L.I. (*witheringly*): Epileptic fits? No! Boozin' fits!!

Recently in Out-patients :—

Clerk : Granny, shew me your teeth.

Granny : Can't ! I've left 'em at home in the box !

The bilious one's refrain :—

Raise the sound of crepitating bones,
Clash the forceps, blow the audiphones.
Let the palpitating hum
Of the sphygmographic drum—
Rise and fall.

Make the vaulted space of Heaven ring
With the ligature's vibrating string.
Let the stethoscope shrill high
And the syringe make reply—
Shout and bawl
Loud enough to warn the Grim Recorder
My Hepatic system's out of order.

[The Editor will be glad to receive, consider, and if advisable, insert items of information, etc., suitable for this column.]

Clinical Jottings.

AN INTERESTING CASE OF "PUNCTURED WOUND OF THE ABDOMEN."

F.A., male, aged 53 years, occupation, Fireman.

Whilst sharpening a "carving knife" at the top of a flight of stairs, the patient had the misfortune to stumble over a dog who was playing with a ball on the stairs, causing the patient to fall forward, with the result that the knife penetrated his abdominal wall. The patient went to a doctor who probed the wound, and advised him to go to the hospital.

On admission. A healthy looking man with a good colour. Pulse 116 per minute.

On examination. A wound $1\frac{1}{2}$ inches in length, oblique in direction, and situated slightly to the left of and below the umbilicus. No sign of internal hæmorrhage. No dulness in the flanks on percussion. Patient was taken at once to the theatre. The area of skin around the wound was excised, and the incision carried down to the peritoneum, which was found to have been perforated by an incision $\frac{3}{4}$

inch in length. A piece of omentum presented in the wound. The omentum was further drawn out of the wound and washed with saline solution. Gauge plugs were inserted into the abdominal cavity in all directions, and all came out clear except the one which had been passed upwards towards the stomach, this plug being soaked with blood. Up to this point the patient's pulse and general condition had been satisfactory. The incision was enlarged upwards and a large quantity of blood welled up. The patient soon began to show signs of collapse. Intravenous infusion of saline solution ($2\frac{1}{2}$ pints) was resorted to. Starting at the cæcum, the mesentery was examined carefully in order to find the bleeding point and then the great omentum. A small rent was found in the latter, close to the greater curvature of the stomach, and the hæmorrhage was the result of the division of the left gastro-epiploic artery and vein. No other injury was detected. The bleeding points were ligatured and the rent closed. As much extravasated blood as possible was removed by gauge plugs, and the abdominal wall sutured in layers.

The patient made an uninterrupted recovery.

The interest of this case is in the fact that there were no signs of intra-peritoneal hæmorrhage previous to operation, and also in the peculiar nature of the injury.

A CASE OF DIFFUSE CARCINOMATOUS INFILTRATION OF THE SPLENIC FLEXURE, DESCENDING COLON AND RECTUM.

E.R. Female, aged 43 years, admitted with a history of attacks of diarrhœa and vomiting for seven years, and with symptoms of obstruction of 14 days' duration.

On examination the abdomen was seen to be uniformly distended and peristalsis was very well marked. A large hard growth was felt per rectum high up, and chiefly involving the anterior wall. It was freely moveable, and could be pulled down for some distance.

Operation on day after admission. Transverse colostomy was performed, and a Paul's tube inserted. The patient was much relieved. Sixteen days later a perineal excision was performed, some 10 inches of bowel being removed. The cut end of the bowel was sutured to the perinæum, and a Paul's tube tied in. Intra-venous infusion of saline solution was resorted to soon after the operation, and again on the following morning. Death took place 26 hours after operation.

The resected portion of bowel showed a stricture, situated some four inches from the anal margin, and adherent to the peritoneum, a portion of which was removed with the growth. The mucous membrane presented a curious papillomatous condition, extending upwards from the level of the internal sphincter. The bowel at the point of section was similarly affected.

P.M.—There were signs of early general peritonitis, and some extravasation of fæces into the pelvis. The transverse colon was hypertrophied and dilated, especially below the point of colostomy. A mass of hard scybala was present in this portion of bowel. There was a dense ring-like stricture at the splenic flexure, the lumen of the bowel being much reduced at this point. The colon below this stricture presented a curious condition of the mucosa, which was thickened and rugose, and studded with multiple pedunculated and sessile growths. No ulceration was present, and there were no signs of secondary deposits. A lingual prolongation of the right lobe of the liver was the only other abnormality present. Microscopically, both the growth at the splenic flexure, and also the growths below proved to be "Columnar-celled Carcinoma."

Books for Review.

DICTIONARY OF MEDICAL DIAGNOSIS. By H. L. McKisack, M.D., M.R.C.P.
10s. 6d. net. Ballière, Tindall, and Cox.

The main title of this book perhaps does not quite adequately explain itself. It is more fully described as a "treatise on the signs and symptoms observed in diseased conditions." The various headings are arranged in alphabetical order, and are arbitrarily selected so as to be able to convey exactly what the author has to teach. The amount of space accorded to each varies greatly. While Briquet's Syndrome is dealt with in three lines, the articles on the Thorax, viz., Auscultation sounds of—Percussion sounds of, and—Shape and size and movements of—occupy seventy pages. Many headings are symptomatic: cough, dyspnoea, pain, vomiting, etc. Other articles are descriptive: pulse, pupils, reflexes, urine, etc., while three are the works of specialists, viz., the articles on blood examination, X-ray diagnosis, and examination of the sputum.

We do not remember having come across any book quite on the same lines before. To the student who is commencing the study of practical medicine in the out-patient room the systematic correlation of the symptoms he hears expressed to the various pathological conditions which may underlie them must be of the greatest value. To one more advanced the emphasis of diagnostic points and the admirable comparative tables will similarly be of service. The book is thoroughly up to date; a clear and definite line is taken on most of the debatable topics which are dealt with, and the reader is not unduly harassed with conflicting opinions. Treatment of course is not touched upon.

To put it shortly the book combines in one a symptomatic text book and a useful explanatory guide to clinical investigation.

[H.C.S.]

A SYNOPSIS OF THE BRITISH PHARMACOPEIA, 1898. By H. Wippell Gadd, F.C.S.
Sixth edition. Price 1s. Ballière, Tindall, and Cox.

This book, of waistcoat pocket size, takes the contents of the Pharmacopœia in alphabetical order, and in parallel columns describes the characters and doses (imperial and metric) of each. A fourth column is reserved for further remarks. Various appendices deal with test solutions, chemical tests, etc. etc., and the

volume closes with a synopsis of the poison laws. With our own particularly admirable Hospital Pharmacopœia always to hand, the necessity for procuring an additional volume of the kind would not be apparent.

[H.C.S.]

THE MICROSCOPE AND HOW TO USE IT. By T. Charters White, M.R.C.S., etc., and Maurice Amsler, M.B., B.S. Third edition. Price 3s. net. Robert Sutton.

The book is a small manual on the methods of employing a microscope, together with instructions as to the preparation of specimens for observation. It is evidently not intended for professional workers, but for amateurs only, and as such perfectly well fulfils its purpose. An additional chapter on the staining of bacteria has been added to this edition. Amateur culture growing with a bath-room cupboard for incubator does not seem to us to be a pursuit to be encouraged. Details, too, for the staining of the gonococcus strike one as unnecessary in a book of this character. The author here leaves us in doubt as to the best methods of supply. The book is nicely got up, but the bacterial illustrations appear somewhat crude.

Club Notices.

CRICKET CLUB.

1st XI v. R.A.M.C., ALDERSHOT.—Played at Chiswick, Saturday, May 4th. The Hospital opened their season well, and obtained a victory after a most interesting game, by the narrow margin of one run. Our opponents batting first, made, after a bad start, 164 runs, Sergt. Gordon being responsible for 54. Weir took five wickets for 31 runs. Thomas's also began badly, losing two wickets for 16, but steady batting by Neild and Laird brought the total to 53 before the latter was run out. Dickson and Weir both got badly needed runs, but the honours of the day fell to Mann, who, by an attractive 36 not out, just got the runs in time. The "tail wagged" nobly, backing him up well. The Hospital fielding left much to be desired, and a new fast bowler is wanted. Scores :—

R. A. M. C.

Lieut. Steele, c Weir, b Seymour ...	2	Pte. Cross, c Neild, b Weir	0
Sergt. Gordon, b Shipton.....	54	Pte. Sinclair, c Seymour, b Weir ...	3
Lieut. Hislop, c Dickson, b Weir ...	0	Pte. Hamilton, c Laird, b Weir.....	1
Capt. Macpherson, c Weir, b Shipton	29	Pte. Keeble, not out	0
Pte. Light, run out	26	Extras	14
Lieut. Scott, lbw, b Weir	19	Total	164
Lieut. Hart, lbw, b Dickson	16		

ST. THOMAS'S HOSPITAL.

F. M. Neild, lbw, b Hamilton	36	W. Weir, c Cross, b Keeble	12
E. A. Seymour, b Hart	4	H. L. Mann, not out.....	36
L. Meakin, c Light, b Keeble	2	H. T. Treves, b Hamilton	7
W. B. Laird, run out	11	R. B. Abraham, b Hart	4
A. N. Dickson, c Steele, b Hart ...	25	Extras	20
F. H. Holl, c Macpherson, b Hart...	8		
W. L. Shipton, b Hart.....	0	Total.....	165

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
E. A. Seymour	12	1	48	1	L. Meaking	5	2	21	0
W. Weir	11	2	31	5	A. N. Dickson.....	4	1	19	1
W. Shipton	7	1	22	2	H. Holl.....	2	0	5	0
H. L. Mann	2	1	4	0					

1ST XI v. TEDDINGTON.—Played at Chiswick on Saturday, May 11th. The Hospital were lucky in finding their opponents out of practice and with only slow bowling. Batting first Thomas's compiled 265, after a bad start. Weir played a good innings for 65, with only one let-off, and Holl gave us a practical demonstration of how to treat loose bowling, hitting 12 fours in his 90. Aldridge and Moore, both tried for the first time, showed promise. Paddon bowled extremely well, as the analysis shows, it being largely due to his efforts that we won. For Teddington Darkes made a very patient 42. Scores:—

ST. THOMAS'S HOSPITAL.

E. A. Seymour, c Townsend, b		F. Moore, b Townsend.....	14
Lattimer	1	R. L. Barwick, c Jacks, b Lattimer	16
W. B. Laird, b Lattimer	9	F. Aldridge, c Ross, b Jacks	21
L. Meakin, c Townsend, b Sparks...	5	H. L. Paddon, not out.....	5
A. N. Dickson, c and b Lattimer ...	9	Extras	17
W. Weir, b Lattimer	65		
H. L. Mann, c Ross, b Lattimer ...	13	Total.....	265
F. H. Holl, c Sparks, b Jacks.....	90		

TEDDINGTON.

J. B. Sparks, b Paddon	4	R. N. Hadrew, b Paddon.....	15
R. G. Lattimer, b Paddon ..	0	G. C. Ross, b Dickson	4
T. A. Darkes, c Mann, b Paddon ...	42	(i. T. Kinross, c Moore, b Holl ...	8
H. V. Townsend, c and b Paddon...	21	N. Copland, not out ..	1
N. C. Jacks, b Paddon.....	0	Extras	23
J. N. Sparks, c Laird, b Weir ...	16		
F. W. Evans, b Aldridge.....	3	Total.....	137

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	22	11	24	6	L. Meakin	6	2	20	0
A. N. Dickson.....	10	4	24	1	F. Aldridge.....	2	0	16	1
E. A. Seymour.....	6	1	16	0	F. H. Holl ..	4	1	9	1
W. Weir	3	2	5	1					

W. Weir bowled two wides and E. A. Seymour one. F. Aldridge one no-ball.

ST. THOMAS'S HOSPITAL v. CHISWICK PARK.—Played at Chiswick, twelve a side, on Saturday, May 18th. Thomas's had not their best side out, and suffered their first defeat this season by one wicket and 10 runs. Batting first the Hospital lost two wickets for 19, after which Seymour and Laird brought the score to 110 before the former was smartly stumped. The innings closed for 225, Laird having made a very useful 63, with only one chance, after he had got 50. Our opponents replied with 235 for ten wickets. For a long time the result was in doubt, but Chattell and R. Robertson put on 96 for the ninth wicket, and won the match before Cox effected a separation. Meakin obtained six wickets for 78 runs. The Hospital's fielding was largely responsible for the result. Gibson and Paddon, however, fielded well. The latter apparently caught Greene brilliantly at mid off with his score at about 20, but the umpire's decision was in favour of the batsman. Brandon bowled extremely well for Chiswick Park. Scores :—

ST. THOMAS'S HOSPITAL.

L. Meakin, c Hanson, b Brandon ...	0	F. Aldridge, b Chattell	10
E. A. Seymour, st D. Robertson, b Brandon	44	D. M. Gibson, not out	17
W. Weir, b Brandon	8	R. Cox, c Chattell, b Brandon ..	5
W. B. Laird, b Brandon	63	H. L. Paddon, c D. Robertson, b Brandon	10
H. L. Mann, c Hanson, b Brandon ..	5	Extras	38
R. L. Barwick, c Greene, b Brandon ..	9		
W. Shipton, b Chattell	12	Total	225
W. M. Morrison, b Brandon	4		

CHISWICK PARK.

C. H. Greene, c Paddon, b Meakin ..	50	W. H. L. Horton, b Meakin	2
A. C. Finnis, b Meakin	35	J. B. Caldwell, b Meakin ..	3
D. Robertson, b Paddon	17	R. Robertson, c Meakin, b Cox ..	27
A. Chattell, c Morrison, b Cox	83	G. Brandon, not out	0
R. L. Finnis, b Meakin	1	Extras	14
A. Fulford Brown, c Morrison, b Meakin	0	Total for 10 wkts. ..	235
B. F. Hanson, b Paddon ..	3	H. S. Castle did not bat.	

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	14	1	44	2	F. Aldridge	2	0	13	0
W. Weir	8	1	38	0	W. Shipton	3	0	11	0
L. Meakin	15	1	78	6	R. Cox ..	1	3	0	1
E. A. Seymour	7	0	32	0	R. L. Barwick ..	1	0	4	0

F. A. Seymour bowled one wide.

ST. THOMAS'S HOSPITAL v. CATERHAM.—This match was played at Caterham on Monday, May 20th. Thomas's batting first on a difficult wicket were all dismissed for 91, Neild being the only batsman who showed any confidence. He timed the ball well, and his innings of 36 was invaluable to his side. Three of our opponents' wickets fell before lunch for 13 runs, but afterwards runs came more easily and the total eventually reached 133. The Hospital had very bad luck in that Fraser was so palpably caught in the slips before he scored, that no appeal was made to the umpire until it was clear that the batsman intended to remain, when he was given not out. Thomas's fielded well; Starkey Smith brought off a brilliant gallery catch at point. Rain prevented further play.

ST. THOMAS'S HOSPITAL.

F. M. Neild, lbw, b Fraser	36	L. Meakin, c Barnes, b H. Russell...	8
E. A. Seymour, c E. Street, b R.		W. Shipton, c Mathieson, b H.	
Russell	13	Russell	3
W. Weir, c Mathieson, b H. Russell	9	S. F. Moore, b Fraser	5
W. B. Laird, c and b H. Russell ...	5	H. L. Paddon, not out	2
T. G. Starkey Smith, b Fraser	1	Extras	7
F. H. Holl, b Fraser	1		—
H. L. Mann, c A. Street, b H.		Total	91
Russell	1		

CATERHAM.

H. Russell, run out	7	A. W. Street, c and b Weir	5
R. A. Russell, c Holl, b Paddon ...	16	E. A. Street, c Mann, b Starkey	
H. C. Barnes, b Meakin	1	Smith	14
W. Wheldon, b Paddon	3	F. Kendzior, c Starkey Smith, b	
W. V. Sherlock, c and b Weir	19	Moore	0
L. Fraser, not out	41	Extras	11
B. Mathieson, c Neild, b Paddon ...	0		—
G. R. Russell, c Paddon, b Seymour	16	Total	133

BOWLING ANALYSIS

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	13	4	36	3	E. A. Seymour	5	—	11	1
L. Meakin	4	—	12	1	T. G. Starkey Smith	2	—	11	1
W. Weir	15	2	43	2	S. F. Moore	6	—	0	1
E. A. Seymour bowled one wide.					H. L. Paddon one no ball.				

ST. THOMAS'S HOSPITAL v. CANE HILL ASYLUM.—Played at Cane Hill on Saturday, May 25th. Cane Hill, batting first on a drying wicket, were all dismissed for 72 runs, Bowring taking four wickets for 21 runs. Thomas's reached a total of 307, passing their opponents' score before the second wicket fell. The feature of the match was the excellent innings of 132 made by Laird, the first century scored for the Hospital this season. Although he started luckily, being dropped at the wicket and having his stumps hit without dislodgment of the bails, he soon settled down and hit beautifully all round the wicket. His innings included two sixes and fifteen fours. Holl, Seymour, and Meakin also added useful items to the score. Weir obtained four wickets for 22 runs in the second innings and two for four in the first. Scores:—

CANE HILL.

First Innings.		Second Innings.	
Dr. Sibley, run out	4	c Paddon, b Laird	9
H. Rich, c Bowring, b Paddon	6	c Laird, b Weir	37
T. Noake, b Meakin	1	b Paddon	49
E. Clement Scott, c Weir, b Meakin	17	b Paddon	20
Dr. Roberts, lbw, b Bowring	4	c Paddon, b Weir	12
W. Austin, b Bowring	17	c Paddon, b Weir	2
E. Harmer, b Bowring	7	c Meakin, b Weir	2
Rev. J. C. Crawford, not out	8	not out	0
W. Wesson, b Bowring	2	} did not bat	
W. Shaw, b Weir	1		
J. Richards, b Weir	0		
Extras	5	Extras	20
Total	72	Total (7 wks)	151

ST. THOMAS'S HOSPITAL.

F. M. Neild, c Rich, b Sibley	1	H. Bowring, st Harmer, b Sibley ...	10
W. B. Laird, st Harmer, b Wesson....	132	H. L. Mann, c Austin, b Sibley.....	5
E. A. Seymour, b Noake	41	F. J. Aldridge, c and b Sibley	6
W. Weir, b Austin	10	H. L. Paddon, not out.....	13
L. Meakin, c Scott, b Wesson	39	Extras	7
F. H. Holl, c Wesson, b Sibley	43		
D. M. Gibson, b Wesson	0	Total.....	307

BOWLING ANALYSIS.

First Innings.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	7	1	22	1	H. Bowring	5	0	21	4
L. Meakin... ..	7	1	20	2	W. Weir.....	2.8	1	4	2

Second Innings.

	O.	M.	R.	W.		O.	M.	R.	W.
F. M. Neild	4	0	47	0	W. Weir	5.1	0	22	4
W. B. Laird	5	0	37	1	H. L. Paddon.....	5	1	16	2
H. Bowring	2	0	9	0					

ST. THOMAS'S HOSPITAL v. SOUTHGATE.—This match, played at Southgate, on Saturday, June 1st, had to be abandoned owing to rain. Southgate batting first made 152. Meakin bowled with great success, taking 8 wickets for 54 runs. Several catches were dropped. Thomas's lost 3 wickets for 7 runs before the rain came on. F. Lewis brought off a fine catch at square leg. Score:—

SOUTHGATE.

F. S. Lewis, b Weir	6	H. S. Isner, not out	8
L. R. Lewis, lbw, b Meakin	20	C. C. Thicknesse, c Seymour, b	
R. B. Haygate, c Seymour, b Meakin	38	Meakin.....	3
C. Browning, c Neild, b Meakin ...	32	W. T. Ricketts, c Paddon, b Meakin	11
J. C. Ford, c Fergusson, b Meakin	2	Extras	11
G. C. Bevington, c Neild, b Seymour	0		
G. H. C. Levick, c Paddon, b Meakin	4	Total	152
R. S. Dickson, c Weir, b Meakin ...	17		

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	16	3	39	0	E. A. Seymour	9	2	21	1
W. Weir	6	1	24	1	S. F. Moore	1	0	3	0
L. Meakin.....	19.5	2	54	8					

ST. THOMAS'S HOSPITAL.

F. M. Neild, not out	2	W. Weir, c Ricketts, b Ford	1
E. A. Seymour, c F. Lewis, b Ford	3		
W. B. Laird, c & b F. Lewis	1	Total for 3 wickets	7
L. Meakin, F. H. Holl, S. F. Moore, N. M. Fergusson, H. L. Mann, H. Browning, and H. L. Paddon did not bat.			

2ND XI v. ST. BARTHOLOMEW'S 2ND XI.—Played at Chiswick on May 15th. Ended in a win for St. Thomas's by 189 runs to 84. Mann, Gibson, and Devas were chiefly responsible for the scores, making 37, 38, and 31 respectively.

2ND XI v. MANOR HOUSE SCHOOL.—Played at Chiswick. Resulted in a win for the Hospital by 185 runs to 164. Gibson 97, Ferguson 32, Mann 21.

2ND XI v. LONDON HOSPITAL 2ND XI.—Played at Chiswick on May 25th. This made our third win for the season ; we scored 108, while the London men were dispatched for 43. Devas 22, Glasgow 23, Cooke 20.

RUGBY FOOTBALL CLUB.

A general meeting of the above club was held at the beginning of term, Mr. W. O. Meek in the chair. The following officers were elected for the ensuing season :—

R. B. Abraham, Captain 1st XV.
W. Harmens, Secretary 1st XV.
E. A. Seymour, Captain "A" XV.
A. E. V. French, Secretary "A" XV.

W. H. R. Sutton was presented with his 1st XV colours, and A. E. V. French with his "A" XV colours.

TENNIS CLUB.

The Challenge Cup of this Club is the only one we still hold. This being so we hope that matters will soon be placed upon a better footing than they are at present, as the 1st VI have succeeded in losing all the three matches played to date.

The 2nd VI have done better, and on May 24th beat the London Hospital 2nd by nine games to love, the team being S. Walker and G. H. Brandon, S. P. Chan and A. C. Gemmell, F. Crofton and L. E. Perry.

RIFLE CLUB.

Armitage Cup.

The season opened on May 15th, with the first of four rounds for the Armitage Cup, the competing teams of six from Guy's, St. Mary's, and St. Thomas's firing seven rounds per man at 200, 500, and 600 yards. The total score for the Hospital was 428 points.

Team : Cherrington, Gutteridge, Hopwood, Skrimshire, Cowtan, and Wink.

The second round was fired on May 29th, the shooting showing slight improvement. Score 431 points.

Team : Cherrington, Gutteridge, Hopwood, Boulanger, Cowtan, and Wink.

Up to date, St. Mary's lead by a wide margin.

A match (at 200 and 500 yards) arranged with King's College School, took place on May 22nd and resulted in a win for the Hospital.

Scores : King's College School, 338. St. Thomas's Hospital, 360.

Team : Gutteridge, Hopwood, Skrimshire, Boulanger, Cowtan, Faler, and Wink.

Prize Meeting.

The Rifle Club Prize Meeting will take place at Bisley on Wednesday, June 19th. The events have been so arranged as to enable everyone to enter, whether they have shot throughout the season or not.

The entrance fee for all three competitions is 3s. ; a slightly higher rate being fixed for single entries.

1.—Open shoot at 200 and 500 yards. Three prizes.

2.—Handicap at 200 and 500 yards. Two Prizes.

3.—Handicap at 200 yards. One Prize.

Weekly Shoot.

There is a Spoon Shoot every Wednesday, for which the entrance fee is sixpence, only the scores at 200 and 500 yards being counted.

United Hospitals Rifle Club.

The Annual Prize Meeting of the above Club will take place at Bisley, on June 26th.

An exceedingly good programme is being prepared, and it is satisfactory to know that, after a lapse of some years, the Hospital will again be well represented.

House Appointments.

Casualty Officers (from 1st July, 1907)—

(*Senior*) A. B. Howitt, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.

(*Junior*) W. O. Sankey, M.B., B.S.Lond., M.R.C.S., L.R.C.P.

Resident House Physicians (from 4th June, 1907)—

E. V. Dunkley, M.B., B.S.Lond. (*extension*).

H. A. Philpot, B.A.Oxon., M.R.C.S., L.R.C.P. (*extension*).

C. E. Whitehead, B.A.Cantab., M.R.C.S., L.R.C.P.

H. G. Bennett, M.B., B.S.Lond., M.R.C.S., L.R.C.P.

House Physicians to Out-Patients—

G. G. Butler, B.A.Cantab., M.R.C.S., L.R.C.P. (*extension*).

S. L. Walker, B.A., B.C.Cantab., M.R.C.S., L.R.C.P. (*extension*).

W. H. R. Sutton, B.A., B.C.Cantab., M.R.C.S., L.R.C.P.

S. Churchill, B.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.

Resident House Surgeons—

C. M. Page, M.B., B.S.Lond., M.R.C.S., L.R.C.P. (*extension*).

S. G. MacDonald, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P. (*extension*).

H. B. Whitehouse, M.B., B.S.Lond., M.R.C.S., L.R.C.P. (*extension*).

R. L. Gamlen, B.A.Cantab., M.R.C.S., L.R.C.P. (*extension*).

House Surgeons to Out-Patients—

H. J. Nightingale, M.B., B.S.Lond., M.R.C.S., L.R.C.P. (*extension*).

H. R. Unwin, M.B., B.C.Cantab., M.R.C.S., L.R.C.P. (*extension*).

G. M. Huggins, M.R.C.S., L.R.C.P. (*extension*).

F. M. Neild, M.B., B.S.Lond., M.R.C.S., L.R.C.P. (*extension*).

Obstetric House Physicians—*(Senior)* A. C. D. Firth, M.A.Cantab., M.R.C.S., L.R.C.P.*(Junior)* F. S. Hewett, B.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.**Ophthalmic House Surgeons—***(Senior)* W. C. A. Ward, M.R.C.S., L.R.C.P. (*extension*).*(Junior)* A. S. Burgess, M.A.Cantab., M.R.C.S., L.R.C.P. (*extension*).**Special Departments—***(Throat)* W. R. Bristow, M.R.C.S., L.R.C.P. (*extension*).

R. E. Todd, M.B., B.S.Lond., M.R.C.S., L.R.C.P.

(Skin) A. J. S. Pinchin, M.B., B.S.Lond., M.R.C.S., L.R.C.P.

A. E. Sparrow, B.A.Cantab., M.R.C.S., L.R.C.P.

(Ear) A. J. S. Pinchin, M.B., B.S.Lond.

H. E. T. Dawes, B.A.Cantab., M.R.C.S., L.R.C.P.

Dental.**Children's Surgical—**H. H. Carleton, B.A., M.B., B.Ch.Oxon. (*extension*).

R. E. Todd, M.B., B.S.Lond., M.R.C.S., L.R.C.P.

Electrical Department. X-ray Department—A. J. H. Iles, M.R.C.S., L.R.C.P. (*extension*).

Examination News.**UNIVERSITY OF CAMBRIDGE.***III. M.B. Examination.*—F. O. Arnold passed part II in April. [Omitted by mistake from the last Gazette.]**UNIVERSITY OF DURHAM, April, 1907.***Doctor in Medicine for Practitioners of 15 years' standing.*—W. C. Ellis.*Bachelor in Medicine and Surgery (M.B., B.S.).*—T. D. Miller.**UNIVERSITY OF LONDON, May, 1907.***M.B., B.S. Examination (Honours).*—H. G. Bennett (Distinguished in Medicine), H. J. Nightingale (Distinguished in Medicine, Pathology, Forensic Medicine and Hygiene, and in Surgery—University Medal). A. C. F. Turner (Distinguished in Pathology).*M.B., B.S. Examination (Pass).*—S. W. Grimwade, F. N. S. Hitchcock, F. M. Neild, A. J. S. Pinchin, R. E. Todd, D. Wilson.*M.B., B.S. Examination (Group II).*—W. R. Bristow.**ROYAL COLLEGE OF SURGEONS OF ENGLAND, May, 1907.***Primary F.R.C.S.*—G. C. Adeney.*Final F.R.C.S.*—J. V. Arkle, R. D. Forbes, E. R. Faulkener.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings ; for five years, one guinea ; for life, three guineas.

We beg to acknowledge the receipt of the following :—*London Hospital Gazette, St. Bartholomew's Hospital Gazette, Guy's Hospital Gazette, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Middlesex Hospital Gazette, The Broadway (Westminster), All India Hospital Assistants' Journal, The Hospital, Royal A.M.C. Journal.*

St. Thomas's Hospital Gazette.

No. 6.

JULY, 1907.

VOL. XVII.

Hospital Notes.

We offer our heartiest congratulations to Dr. A. E. Russell on his election as Physician to Out-Patients. Dr. Russell has already made a great reputation as an enthusiastic and attractive teacher in the School, first as Demonstrator of Physiology, and during the last few years as Demonstrator of Pharmacology. His lectures in Medicine at the West London Post Graduate College have been most successful, and have always drawn large audiences. We have no doubt he will be as popular and helpful as a clinical teacher as he has been in the school. His appointment will be welcomed by all.

* * *

The three weeks spent by an obstetric clerk upon the district have almost universally been regarded as one of the most valuable experiences that a student undergoes during his hospital career. Unfortunately there has been a tendency now and then for men, under the impression that they were getting well rid of an unpleasant task, to rush the appointment at an early state before, in fact, they had completed their in-patient work. This tendency has now, quite rightly, been forcibly nipped, and no one in future can serve as an O.C. until fully qualified for it, by having finished his in-patient dressing and clerking; the exigencies of the moment, however, have created a demand for men which cannot be met under the new system until the supply has had time to re-adjust itself. The S.O.C. in consequence wears a worried look, occasionally snatches a short sleep in his fleeting cab, and has been compelled to tide over the time of stress by an application for two fully qualified midwives. Only one O.C. for the whole of July! We hope recruits will soon be forthcoming, as the present state of affairs only tends to produce a feeling of unrest upon the district, and future generations may be the sufferers.

* * *

We publish elsewhere the speeches delivered at the prize distribution. The Governors' Hall was packed; the proceedings commenced with commendable punctuality, and were not too long drawn out. The speeches were excellent. The Treasurer's statement included

an appeal for the necessary funds to allow of the utilisation of the 90 beds in the three wards which are still closed. The Dean, in introducing the prize-winners, referred briefly to the Hospital successes during the past year and the high percentage of passes at the Final Examination of the Conjoint Board obtained by Thomas's men. Mr. Rider Haggard, who gave away the prizes, spoke warmly on the subject of the numerous superstitions which are still clung to by the masses, and pleaded for a cultivation of the gift of the imagination.—Dr. Sharkey, in proposing a vote of thanks to Mr. Haggard, as usual said the right thing and said it most pleasantly.—The day was rather windy and a little cold, which perhaps explains why the nurses thronged the corridors *en masse* instead of distributing the sunshine of their presence in the courts or out upon the terrace, where the band was performing. It was difficult for a time to get a seat at any of the refreshment tables out of doors, partly because they were rather few and also because those who were fortunate enough to secure them early displayed a marked disinclination to move further. Theatres, wards, X-ray department, etc., were all thrown open for inspection, and altogether a most enjoyable afternoon was spent.

* * *

In Cricket, we have qualified for the final in both Senior and Junior Inter-Hospital Cup Competitions. In the first round, the First Eleven drew with Middlesex after an exciting struggle. We started our innings with 336 runs to make and three-and-a-half hours to play, and not only succeeded in playing out time, but also hit up 294 runs for the loss of seven wickets—Neild and Bowring, the not-outs, were accredited with 125 and 52 runs respectively, and were still going strong at the finish. The re-playing of the tie was less exciting; we won by six wickets. In the next round, on June 28th, we accounted for St. Mary's with over 200 runs to spare, Neild again scoring a century, and Seymour taking four wickets for seven runs in two overs. We have now to meet the winner of Bart.'s v. King's. The Second Eleven defeated St. Mary's Second by a large majority, Ferguson making 105 not out, and Dickson doing the hat trick.

* * *

In Lawn Tennis we secured the Senior Cup for the third year in succession, after an intensely exciting struggle with Guy's. The matches were counted seven all when Howitt and Rae were still engaged with the Guy's third pair. Eventually the Cambridge combination proved too strong for their opponents, and won the odd set by nine games to seven.

The final result of the Hospital Golf Competition has still to be declared. Bristowe is left to try conclusions with Howarth, last year's winner, who allows him four.

* * *

Among the recent Birthday List of Honours we note the names of two old St. Thomas's men, Alderman T. B. Crosby, M.D., F.R.C.S., who receives his Knighthood, and Deputy Inspector-General T. D. Gimlette, R.N., who becomes a C.B.

* * *

OLD STUDENTS' DINNER.

Since the next number of the GAZETTE does not become due until the middle of October, we would take this opportunity of mentioning that the date of the St. Thomas's Hospital Old Students' Dinner has been fixed for Tuesday, October 1st. It will take place, as usual, at the Hotel Cecil. Dr. Acland will be in the chair. All information with respect to the dinner may be obtained from the Residents (Dr. H. R. Dean and Mr. J. E. Adams), who act as Honorary Secretaries.

The Annual Prize Distribution.

THIS was held, as is now the custom, in the Governors' Hall, in the centre of the Hospital. A large number of tickets of invitation had been issued, and the seating accommodation was taxed to its utmost. The prize-winners were located in a solid body to the right of the platform, which, punctually to the moment, was invaded by the Treasurer, closely followed by Mr. Rider Haggard, the Dean, and other members of the Staff and the Governing Body. Some of these occupied seats on the platform itself, the remainder taking up less prominent positions among the front row of the audience.

After voicing the general appreciation felt at the presence of Mr. Rider Haggard, the TREASURER went on to say: I can assure you that the difficulties of carrying on medical education at the present time, unaided as we are from any outside source, are very great. Expenses are heavy, outside help *nil*, and we Governors would most heartily welcome and strongly support any movement which would lead to some grant in aid of our Medical School, so that our professors and our teachers might receive at least some acknowledgment of the arduous labours that they devote to the teaching of our students. I

do not hesitate to say that at the present time our preliminary teachers in the school are most inadequately paid whilst our learned physicians and surgeons receive absolutely nothing at all for the immense amount of time, trouble and learning embodied in the lectures which they give so diligently and so regularly to our students. Grants in aid are furnished from certain Government and County Council funds for secondary education, but the medical profession and medical learning are apparently considered not to need any such help. This is the only interpretation I can possibly give, for it cannot be that they are considered unworthy of help. Owing to this fact that the London Schools stand alone and unaided, they are necessarily very sorely handicapped in competition with the great and growing Universities of the provinces, which are now able to offer many attractions, and a cheaper education, to students seeking to qualify for the profession. Look at the rich endowed professorships of Edinburgh University, and compare the holders of these professorships to men, certainly not less able, certainly not less experienced, who are devoting an equal care and skill to the teaching of students of the London Schools, for no remuneration whatever. We have now determined to make an appeal for an endowment of a certain branch of the work here. Research does not appeal to everyone, but the authorities here fully recognise that it is specially incumbent on them to promote the study of Pathology if the school is to continue to make the progress which has marked it in the past. We have received a few donations for the endowment of a Pathological Research Fund, but earnestly hope for more. I must make a reference to the general hospital work. This year we have treated more patients than in the previous year, and at a lower cost, and I can assure you with no less efficiency. We have, at the present time, three wards vacant through lack of funds. It is to you, ladies and gentlemen, that I look for the aid which will enable us to open these. You know amongst your friends at least some who will help. Will you ask for their help? We are only too glad to welcome all and any visitors desirous of seeing the Hospital, and we shall be only too glad to give every possible information to those likely to support us.

Mr. FISHER, as Dean of the Medical School, then introduced the prizewinners and medallists to Mr. Rider Haggard, prefacing his remarks with a short *resumé* of the work done and the successes achieved during the past year. He concluded with the following statistical table of the results of recent examinations:—An investigation of the return for the complete year, January to December, 1906, shows that the following was the percentage of passes of the men whom we sent up, compared to the percentage of passes of all examinees presenting themselves for the Conjoint Board:—

MEDICINE.	SURGERY.	MIDWIFERY.
St. Thomas's 66%.	St. Thomas's 68%.	St. Thomas's 69%.
All 62%.	All 54%.	All 62%.

If we take the year since our last Prize-giving we find that our passes have been in :—

Medicine 70%, Surgery 71%, Midwifery 75%.

In April, the last examination that has been concluded by the Conjoint Board, our returns were :—

Medicine 82%, Surgery 88%, Midwifery 75%.

or an average of 83 per cent. of the men whom we sent up.

These figures are instructive as showing that we are at least holding our own in competition with other schools. They further tend to show that our results have been distinctly improving during the year, and I earnestly trust that we shall maintain these excellent results. In the last University Examination for the London M.B., B.S., in May of the present year, nine men took honours. Of these, three came from St. Thomas's, one of whom, H. J. Nightingale, distinguished himself in Medicine, Pathology, Forensic Medicine and Hygiene, and in Surgery, and was awarded the University Medal. It is only fair to mention the other two, who have conferred not only honour on themselves, but on their Medical School, H. G. Bennett and A. C. F. Turner, both of whom were distinguished prize-winners last year. I have only this morning had the returns from Cambridge of the final M.B., B.C. Examinations, and, of the 34 men who were successful at Cambridge, seven were St. Thomas's men. Another result, which only reached me yesterday afternoon, is that in the Pathology Examination at Oxford. We had three men up, all of whom were successful : one of them, Mr. Girdlestone, appears before you to-day as a prize-winner ; another, Mr. Corbett, is a winner of one of our Certificates of Honour.

Mr. RIDER HAGGARD then addressed the students, and we regret that it is impossible to insert a verbatim report of his speech. He confined his opening remarks to those who had not been successful prize-winners, and bade them not to be downhearted, and to remember that those who were most successful afterwards in their professional life were not necessarily those who had taken the first place in their examinations. He wondered, and perhaps others wondered, exactly why he had been asked to be where he was. He thought, perhaps, he was asked to undertake the duty because he once wrote a book which dealt with the subject of vaccination. At any rate, he could say for a fact, that a number of persons had been vaccinated as a result of reading that book, and he believed no other writer of fiction could claim as much. Those who were students now would soon have to go out to face the world, and many things they would find there which they were bound to combat. Superstitions were probably as prevalent now as they were in the Middle Ages. There was the superstition of Christian Science, that of the Peculiar People, and others, as anti-vaccination and patent medicine. Another thing they would have to grapple with was the silent and continuous movement from the land to

"the boxes of bricks and mortar called towns," and the evils resulting from this unnatural crowding. The shrinkage of the birth rate would require the medical profession to concentrate all its skill and ability upon saving such children as came into the world, and thus putting a greater check upon the wastage of child life. He would ask them, above all, to endeavour to cultivate the gift of imagination. Imagination begets sympathy, and the exercise of this would go far to qualify them for the noble title of the beloved physician.

A most cordial vote of thanks to Mr. Rider Haggard was moved by Dr. Sharkey, seconded by Mr. Minet, and carried with acclamation. The proceedings then terminated.

Some Hints from the Labrador.

By J. B. MENNELL, M.A.,

Some time Anidsiut to the Labrador Coast.

DURING four months of medical and surgical experience on the Labrador Coast, I had the opportunity of making a few notes in connection with medical and surgical practice, which I hope may prove of some interest to those who are unacquainted with Colonial practice.

I would, in the first place, remind any who may be somewhat sceptical as to the actual reality or value of the ideas and remedies described, that I am only laying before them theories and methods of treatment that have been tested by many generations of Esquimaux and rarely been found wanting.

After much deliberation, I have been forced to the conclusion that our endless labours in pathology profit humanity but little; as we are able to group all the ills that flesh is heir to under the three great headings of Demoniactal Possession, Cold, and Bad Blood.

Thus, for instance, we have missed the whole point of the pathology of measles, and hence, as a natural corollary, our treatment of the disease here at home is far from being correct. I read in Osler's text-book that "the contagium of the disease is unknown"; but it has long been known on the Labrador that the causal agent is, in reality, a Tourgnak or evil spirit, who, entering into his victim, proclaims his advent by hanging out a rash. He has, however, a rather undemoniac antipathy for movement and noise, which peculiarity, if properly worked upon, undoes him. The patient must be stripped and taken outside. The

doctor selects a flat piece of wood of convenient length, calculated to make a considerable noise when brought into violent contact with the back of the patient. This may be supplemented by the free exercise in howling and screaming of the practitioner's vocal organs, and assistance can always be obtained from neighbours, friendly or otherwise. The remarks of the patient help considerably at first, but these soon become too slight to be of any great service. The patient supplies the necessary movement himself, and the treatment must be continued until the demon finds the position untenable, and the patient falls prostrate as the result of the tourgnak's sudden exit.

Unfortunately measles is only a winter complaint, and so the patient is rather liable to catch cold on the return journey—the temperature being some forty degrees below zero on a mild day; the treatment, thus, does not show invariable success.

The treatment of all other fevers is very similar, with the exception of phthisis and influenza. For these there is no treatment of any value, as the former is the natural end of all men; while the latter will come upon the hardest man at any moment, and within two days he is dead. There is hardly any hope, as the disease is almost invariably fatal.

Partial or total paralysis, on the other hand, always presents a good prognosis. If the parts are bathed in cold salt water on nine consecutive mornings, the whole trouble will subside on the ninth day, whatever may have been its origin.

As a cure for sea-sickness I always used to consider Mr. Rider Haggard's advice—expressed by Otter—of the utmost value; namely, to provide internally a copious offering to present to the sea god when he should shake his enemies in his fury. For myself this has proved an excellent remedy; its only disadvantage being the frequency with which it has to be renewed. For those whom this fails—I fear there are a few—I should like to recommend a thin piece of sheet lead, suspended by a string round the neck, so as to lie over the subcostal angle. It must be fairly accurately heart-shaped. I was able to examine a man of 34, who had been a victim of *mal-de-mer* all his life, and who, in consequence, had much difficulty in earning a living. Being prescribed for as above four years ago his trouble immediately vanished, and he has never since that time had cause to fear even the roughest sea.

Surgical practice at home and on the Labrador have many points in common, "plaster of Paradise" being of value for two most common complaints, viz., spinal caries and sacro-iliac disease. But the latter in its early stages is often simulated by the malingerer, and should suspicion arise a rapid cure can often be obtained by applying a large mustard plaster to the spot, which is then strapped on, and the whole firmly secured by a bandage. The patient is put in a room by himself

for the night, and subsequently does a good season's work. If not, he probably is suffering from local mischief.

As regards dressings I should like to recommend, amongst others, oatmeal and vinegar, powdered soap and molasses, and fishes' gall, especially if applied under red flannel. Should erysipelas appear, a band of white oil paint will rapidly repel the red advancing edge and cure the disease.

I am afraid we regard amputations rather too seriously at home, as I was able to examine two successful cases, for which but little of our usual precautions were taken. One was a girl who had had both legs amputated by her father with an axe. She has since been provided with a pair of artificial legs by Dr. Grenfell, of the Royal National Mission to Deep Sea Fishermen, who, by the way, has just received the honour of C.M.G. at the hands of His Majesty for his magnificent work on the Labrador, which has also been recognised by his old University of Oxford, by awarding his labours with an honorary M.D. The other was a man whose brother had done him the service of removing all the toes of one foot with a pocket knife. The cause of the trouble in both cases was frost bite. For more serious cases an anæsthetic is often used, the nearest male relative of the patient being chosen as anæsthetist, as he will naturally exercise more caution than a mere stranger. Under this *réyime* deaths under an anæsthetic are unknown.

A styne can be cured on the Labrador just in the same way as in England, unless it should be noticed for the first time while passing a grave. In this case it is necessary to visit the man in the village who is wonderfully good at sores—someone is sure to be found. Three visits in all are necessary, one on each alternate day. The specialist on each occasion will remove three hairs and a piece of dirt from the injured eye, and immediate cure will result after the third visit. The expression "injured eye" is held to describe the condition; since, as the pain was first noticed while passing a grave, the inflammation must be due to a blow from the dead.

In conclusion let me breathe a word of hope into the ear of the despairing. To practise medicine and surgery on the Labrador requires no diploma, no examination has to be passed, no qualification has to be obtained. To become an *aniásiût*, or one who seeks out the pain, all that is required is to be a stranger of some education, and your practice is sure to be large; though remuneration, except in thanks, may be small. But the thanks of people who live or exist under the conditions which prevail on the Labrador are not the thanks of those who know comfort and medical aid; such gratitude to be believed must be seen, and those who have tried to earn it have found it reward enough.

Notes on Incompatibles.

By J. A. JENNINGS

(PHARMACEUTIST TO THE HOSPITAL).

THE text-books on *Materia Medica* and *Pharmacy for Medical Students* bristle with long lists of incompatibilities, insomuch that one feels inclined to think that really the best and safest advice to a patient is to tell him "to keep his feet warm, and his bowels open."

Fortunately in practice, however, it is found that many of these so-called incompatibles are of no importance whatever.

I shall deal in these notes with the most important chemical incompatibilities: those of a pharmacological nature rarely occur, and are out of my province.

Potassium iodide is a remedy of primary importance in medicine, and frequently causes trouble when prescribed with other drugs in mixture form; so sensitive is this salt, that even when an aqueous solution is exposed for some time to light, iodine is liberated.

It should never be prescribed with solution or tincture of perchloride of iron, as a dangerous mixture results; the ferric chloride is quickly decomposed with formation of ferrous iodide and free iodine; the two scale preparations, viz., iron and ammonium citrate, or tartarated iron, cause no disturbance, and may be freely prescribed with iodides; the former is more popular on account of its greater solubility.

Spirit of nitrous ether is another example of incompatibility; this preparation contains a little free nitrous acid, more being generated in the presence of water. The free acid liberates iodine from potassium iodide; this may be remedied by ordering potassium bicarbonate q.s. to make slightly alkaline, or by prescribing aromatic spirit of ammonia in the mixture.

Remembering, then, the action of nitrous acid, it will at once be seen that it is not wise to prescribe sodium nitrite with potassium iodide in the presence of an acid or a salt having acid properties like caffeine citrate.

Caffeine is a weak base, and when the citrate is dissolved in water it dissociates into the alkaloid and citric acid, the latter decomposing the sodium nitrite forming nitrous acid.

Bismuth oxynitrate, too, is incompatible with potassium iodide; when the two are mixed with water, the mixture is at first a yellowish colour which in the course of two or three hours changes to a brick red; no free iodine is produced, but the mixture has an objectionable appearance.

It is very important to remember that potassium iodide forms a dangerous mixture with solution of strychnine hydrochloride due to the formation of a crystalline precipitate of strychnine iodide; if the mixture be a concentrated one, the strychnine salt is thrown down immediately. I found that a mixture where the dose of the strychnine solution did not exceed three minims in one tablespoonful, kept perfectly bright and free from deposit for several weeks; yet it would be better to consider these two as incompatibles altogether, rather than trust to memory the limit of safety, for the danger lies in the fact that near the saturation point a variation in temperature causes an almost imperceptible precipitation of this potent compound. Tincture of nux vomica, being a weaker preparation than strychnine solution, may be prescribed in medium doses with iodides, providing the mixture is not a concentrated one.

(To be continued.)

The Athletic Sports.

AS is the custom, the heats and several of the other events were decided on the Friday before the Sports. A long list of competitors was published in the Club for many days before the fatal hour, but owing to men being either too busy in the library or spending all their time training at Chiswick, very few seemed to have read the notice "To-day, at 3 p.m., etc." On the arrival of the officials on the ground, all that met their eyes was a vast expanse of eight acres with a chalked track of $\frac{1}{4}$ -mile circumference and three energetic groundmen devoting all their energies for the good of the Sports.

After waiting about for an hour it was decided to begin; the bell was rung, names were shouted, but very few competitors could be found.

The following events were decided:—

Throwing the Hammer.—1, H. Bowring; 2, W. Deane. Distance, 61ft. 2in.

Throwing the Cricket Ball.—1, H. H. Paddon; 2, H. Bowring. Distance, 97yds.

Three Miles Handicap.—1, R. S. Minchin; 2, R. B. Abraham. Time, 16min. 45sec.

The Sports themselves were held at Chiswick on Tuesday, June 18th. The weather was far from pleasant compared with that of previous years, and ere the first event was decided, those wise virgins who had provided themselves with coats and umbrellas were able to scoff at the unwise.

The storm, however, passed over, and on the arrival of the 2.30 train our hopes were again raised by the appearance of many of the fairer sex. Racing now began in earnest, and it was obvious to the most unobservant eye that the judges and referee were being taxed to the greatest degree by the keenness of the competitors.

In the long jump one of the Hospital's shining lights, not content with jumping into the pit, also tried to bury his head in the sand, whether to hide his blushing face or no, we know not.

In the high jump no definite result could be reached, as the last two men would persist in knocking down the 4ft. 11in. jump.

The two-mile cycle race was not worth missing, and although it was an amateur race, we had one competitor who turned out on a machine more fit for the variety stage; yet he proved himself to have spent many tedious hours with head bent low on the fore wheel preparing for the great event. The other steeds comprised road racers and ordinary cycles pressed into service by eager friends. There was a hush, the race was started, a whiz of the flying cyclist over the track, much panting, ringing of bells round corners, applying of brakes, and the race was won.

College House race, which consisted in 100yds. with six hurdles, was a sight which would have made the owners of the hurdles regret their loan, for it was the finest piece of timber felling ever witnessed, in fact the hon. secretary was interviewed by Mr. Moss, of the Hippodrome, later with a view to producing a turn at that house to compete with the Canadian tree fellers!

The staff race, for which there was a record entry, owing, we think, to the enticing prize, was the race of the day. The course, which was 50yds., proved quite enough for most of the competitors, many of whom showed marked signs of dyspnoea and tachycardia when they arrived at the winning post—alas, too late—to find the tape already broken by our most energetic secretary!

The bumping sack competition was won in great form by one of the committee, who showed great tact, although he found his prize had cost him £2.

The wheelbarrow race was conspicuous for the number of competitors.

The racing being completed, a move was made towards the prizes and we were much relieved to find the Challenge Cup still present. Mr. W. Deane then said a few words about the weather, and Mrs. Colman kindly presented the prizes. The proceedings closed with a hearty vote of thanks to Dr. and Mrs. Colman.

LIST OF PRIZE WINNERS.

Challenge Cup.—H. B. Wilson.

100yds. Handicap.—1, W. Morton Jack; 2, F. G. Cawston. Time, 10secs.

Putting the Shot.—1, H. B. Wilson, 29ft. 1½in.; 2, H. L. Paddon, 28ft. 11in.

- 100yds. Scratch.—1, R. E. Todd ; 2, F. G. Cawston. Time, 10 $\frac{3}{4}$ secs.
 220yds. Handicap.—1, F. G. Cawston ; 2, E. G. Fisher. Time, 22 $\frac{3}{4}$ secs.
 Long Jump.—1, B. A. Cheadle, 18ft. 7in. ; 2, H. B. Wilson, 18ft. 1 $\frac{1}{2}$ in.
 Half-mile Handicap.—1, A. R. Esler ; 2, R. O. Minchin. Time, 2min. 8 $\frac{1}{2}$ sec.
 High Jump.—H. B. Wilson and H. White tied, 4ft. 11in.
 Quarter-mile Handicap.—1, F. G. Cawston ; 2, E. G. Fisher. Time, 54 $\frac{3}{4}$ secs.
 Two Miles Cycle.—1, D. Caine ; 2, R. B. Abraham.
 College House Race.—1, F. M. Neild ; 2, A. H. Suhr.
 120yds. Hurdles.—1, H. B. Wilson ; 2, W. Morton Jack. Time, 19 $\frac{1}{2}$ secs.
 One Mile Handicap.—1, A. R. Esler ; 2, R. O. Minchin. Time, 4min. 52 $\frac{1}{2}$ sec.
 Staff Race.—1, Mr. G. Q. Roberts ; 2, Mr. H. B. Robinson.
 Bumping Sack.—R. L. Barwick.
 Wheelbarrow Race.—H. L. Mann and E. H. Marshall.

Heard Through the Stethoscope.

THAT connections are not always at first sight obvious, and that inferences may be misleading.

That a man admitted recently for "bullet wound of mouth" was recommended for a surgical boot !

That "P.P.S. double trousers" is a concise but hardly elegant description of the surgical treatment apportioned to an elderly lady suffering from a fractured thigh.

That while the thoroughly efficient character of the Medical Notes of the Hospital may be regarded as an accepted fact by those who have never had to read them, still there is in some quarters a regrettable tendency to exaggeration.

That on February 26th it is reported "The patient takes alcohol to the extent of five glasses a day !" while a note on June 7th reads : "Abdomen tapped this morning, and Ovi 3xii of clear fluid withdrawn. . . . Measurement yesterday Oxlvi !"

That it is still a moot point as to whom the lady referred when, in a state of mental exaltation (gas and ether), she addressed the attendant throng as "pretty boys."

That Lilian has been the recipient of a small windfall.

That any suggestions as to how this may be most profitably laid out (from gas stoves to incubators) will receive all the consideration they deserve.

That the Medical Registrar will be glad to learn on whose recommendation a woman applied at his town residence for the purpose of registering the birth of a child.

That we have to congratulate Mr. A. G. V. French on the successful use of his "melodious memory."

That Dr. W. H. Harwood-Yarred's marriage has been arranged for August 10th.

That Dr. A. C. Birt (H.S. 1904) was married at Blackheath on June 29th.

That Dr. F. V. Milward's marriage took place on June 11th last.

That the number of our enthusiastic supporters in recent inter-hospital events has exceeded expectations.

That a feature of the Prize Distribution Day was the series of Cook's tours to the Medical School, numerous attended.

That the need of further endowment for pathological research is being strongly urged by the Hospital Authorities.

That after all they cannot be expected to do much in this line without the necessary L.S.D.

That Dr. F. G. Layton (H.P. 1896) has been appointed Physician to the Walsall Hospital.

That Miss Whitbread, who recently left the Hospital, has joined the Navy Nursing Establishment, and is stationed at Haslar.

That the marriage of Dr. G. J. Langley (H.P. 1905) will take place this month.

That we have to congratulate Dr. Bernard and Mrs. Higham (née Parsons) on an accession to their family.

That the majority of our married hospital element has concentrated its attention upon Florence—"sic hæc semper Florentia docet."

That we shall be glad to hear further (if only in explanation) from the author(ess) of an anonymous ode, of which we append an extract:—

Of an H.S. and his shirt
Sing its glorious hues renown,
When to L—— he came,
Wreathed in smiles, and ne'er a frown,
Bits of pink at neck and wrists
Proudly shone.

He had reached the middle sink
Ere we saw that glorious pink,
And the dressers saw a blink
Of days thought gone [?! Ed.],

For at the sight the microbes flew,
And when next the shirt was blue,
They were heard to say, "'Tis true,
We'll ne'er return."

.

"Overalls and hair we'll tint,
Like Carter's seeds; also the lint,
In colours striking (like my hint);
Now that's the tip.

"If at first the patients die,
 And the temperatures run high
 When they feel that I am nigh,
 Well, let them rip!"
 When an H.S. will be seen
 Clad in shirts of soothing green,
 We'll all call for G——lene,
 Not "Lister" now.

That such a successor to Hood should certainly not be permitted to blush unseen.

That, as it is, we must be content with the reflection that, though certainly not English, it may possibly be Scotch.

Clinical Jottings.

THERE are no cases of greater clinical interest admitted to a general hospital than the so-called "acute bellies." Unfortunately for the student, the vast majority of such cases come into hospital late in the day, with the result that he has really very little opportunity of examining them before they have been submitted to operation. When, then, he sees the case for the first time, any mystery which may have enveloped it has by this time, in most cases, been dissipated, while unrecognised features (prior to operation) fail to impress him, or appeal to him only as instances of want of discernment on the part of those with whom the decision for the treatment to be adopted has rested.

Last year Mr. Battle gave an admirable course of lectures on the "acute abdomen," which were subsequently published in the *Lancet*. But even a systematic survey of the question such as this by no means exhausts the possibilities for clinical curiosities, and the distinctly unfortunate combination of conditions which may turn out to be present. During the last few weeks a number of abdominal cases of exceptional interest have been admitted to the medical side of the hospital. To a few of these it is proposed to briefly refer. All of those chosen were fatal cases, so that, since all were examined post-mortem, there is no necessity for remaining content with mere speculation as to the condition present. Each case was operated upon. All three gave as their main symptom abdominal pain. One was sent to the hospital without any diagnosis, one was diagnosed as lead colic, and the other as appendicitis.

I. E. W., an unmarried woman of 36, admitted April 6th, with a history of a sudden severe attack of abdominal pain 30 hours before admission. The pain came on two hours after breakfast, was unaccompanied by vomiting, though patient retched repeatedly. The bowels had not been opened for three days, though generally regular. Menstruation was normal. The previous history was important, and comprised numerous attacks of abdominal pain and retching between the ages of 15 and 17, and a severe attack of abdominal pain associated with jaundice at the age of 17. From that time on the patient had been subject to attacks of biliousness and flatulence without much abdominal pain, the last a fortnight before admission. On examination, the abdomen was moving poorly; full in the epigastrium, where tenderness on palpation was most marked, but not distended; patient could talk with the other women in the ward, though at times pain was acute; no free fluid, no mass felt, no peristalsis, and no jaundice; temp. 99.6, pulse 118, resp. 24; urine contained no albumin, but a slight though definite reduction with Fehling; simple enemata produced no result. Later on in the evening patient's condition became aggravated. She looked more ill, the pulse rate was slightly more rapid, and the abdomen was definitely distended; she was accordingly explored. A little free fluid was present in the abdominal cavity. This gave on cultivation a pure growth of the staphylococcus albus. Areas of fat necrosis were present. The pancreas was enlarged and hard; there was no peritonitis. A drainage tube was left *in situ*, but the temperature rose and the patient succumbed five days after admission. The clinical laboratory report on the urine taken after the operation was: "Glucose a very small quantity, large amount of albumen, and a positive reaction to Cammidge's test C."

P.M. Fat necrosis of abdominal wall, omentum, and diaphragm. Body and tail of pancreas were acutely inflamed, while the retro-peritoneal tissues were in a gangrenous condition. The common bile duct and cystic duct contained a large number of small faceted stones. Bile was exuding from the biliary papilla into the duodenum. No blocking of the pancreatic duct.

An extremely interesting and typical case of pancreatitis.

II. W. N., house painter, age 29, admitted April 29th. Patient was sent up to the Hospital as a case of lead colic, under the influence of morphia, and gave a history of abdominal pain and vomiting of three days' duration. He had had two or three previous attacks of colic, attributed to his occupation; he also made an indefinite statement as to abdominal pain coming on about half an hour after food, during the last two or three years. He had not been out of England.

When seen in the ward the man looked very ill. Respiration was rapid, the eyes were sunken, and he complained of continuous abdominal pain. Pulse 120 to 130, temperature 100°. The abdomen was full, moving "fairly well" on respiration, the fulness being most marked

above the umbilicus ; the whole abdomen was markedly tender. There was an area of dulness in the right hypochondrium and in the epigastric region half-way down to the umbilicus, continuous with the dulness of the liver ; no dulness in the flanks ; no visible peristalsis. There was no definite blue line on the gums. Under an anæsthetic a large mass could be palpated, corresponding to the dull area already mentioned, apparently associated with the liver. An incision was made over it, and the peritoneal cavity being opened, a large hydatid cyst was found in connection with the under surface of the left lobe of the liver. It was not suppurating. As much as possible was removed ; the outside of the cyst was inflamed, and "some lymph and free fluid were present in the abdominal cavity." The patient's condition at the end of the operation was serious, and he died next morning. The post-mortem showed, in addition to the remains of the hydatid cyst, general peritonitis and free gas in the upper part of the peritoneal cavity. An ulcer was present in the duodenum, one inch to the right of the pylorus, with an oval perforation in the anterior wall of the bowel half-an-inch in diameter. Adhesions binding the duodenum to the posterior surface of the cyst wall had apparently given way—a curious combination of a perforated duodenal ulcer in a painter with an hydatid cyst of liver.

III. W. F., male, aged 12½ years, admitted May 29th. No previous illness except diphtheria seven years ago. Sick during a bilious attack six days before admission, but all right on the following day. On May 27th he complained of severe pain on the right side of the abdomen. There was no sickness, but the pain continued, and the bowels were not opened (notwithstanding aperients) on the 27th or 28th. They were opened on the 29th, on the morning of the day of admission. There had been some pain on micturition. The boy was sent up as a case of appendicitis. Temperature 104, pulse 160, respiration 52. On admission he was very flushed, but did not seem to be in great pain. His abdomen was not moving freely, but the hand could be pressed deeply into the right iliac fossa without encountering marked resistance ; on palpating upwards on the right side the hand was arrested by what appeared to be an infiltration of the abdominal wall extending about one inch below the right costal margin. On following this round to the right flank behind, there was found to be a considerable amount of œdema over the four lower ribs. There was pitting on pressure, and here the pain on handling seemed most acute. Per rectum nothing abnormal was found. On percussing down over the lung area on the right side behind there was impairment at the 8th rib. But from this level downwards there was œdema of the superficial tissues. Breath sounds were scarcely audible over the impaired area. Urine, slight cloud of albumin. The region of the right kidney was explored from behind, but nothing abnormal was detected in or around it. An incision was then made over the line of the 10th rib, but no

evidence of disease could be found. Aspiration in the 9th right space produced about four ounces of sanguineo serous fluid with no smell and sterile on culture. Next day temperature remained at 102, the urine contained more albumin and some pus cells. On May 31st a portion of the 10th rib was resected and a small amount of pus oozed from the wound, which did not penetrate the pleural cavity. The diaphragm was not incised. Culture from the pus produced a pure growth of the staphylococcus aureus. Accordingly on June 1st, 25c.c. of anti-staphylococcic serum were given, but the boy died early next morning.

P.M. revealed a condition of pyæmia of which the original focus remained in doubt. No disease could be found in the remainder of the 10th rib or the corresponding vertebra (other ribs were not examined). Pus was present in both pleural cavities, originating probably in suppurating infarcts, of which there were a small number. An extra pleural abscess existed at the site of operation. Focal myocarditis was present in the heart wall, and small abscesses in the kidney. There was also a small abscess in each tonsil.

[For permission to refer to these cases, we are indebted to the Physicians under whose care they were admitted.]

Club Notices.

CRICKET CLUB.

ST. THOMAS'S HOSPITAL *v.* MIDDLESEX HOSPITAL (CUP TIE).—Played at Acton on Tuesday, June 11th. Middlesex won the toss, and on a hard fast wicket put together the respectable total of 335. This was largely due to a magnificent innings of 226 by R. B. Heygate, who went in first and came out last, being at the wickets altogether three and a half hours. Hitting freely all round the wicket, he only gave one hard chance in the slips at 178. His innings included thirty-three fours. The other batsmen only compiled 95 between them, although P. J. Montgomery rendered him valuable assistance being in over an hour for 36. Paddon bowled extremely well, his seven wickets only costing 108 runs. The fielding was on the whole good, Paddon dismissing Harris with a fine catch at mid off. Thomas's started with three and a half hours to get 336 runs. The first wicket yielded 43 before Laird guided a wide one off his pads into the wicket. Weir gave a bright display for his 30, and Meakin, who left at 157, batted steadily for 16. Three more wickets then fell, the score being 193. Bowring then came in and played the innings, if not of his life, at any rate of his Hospital career, staying with Neild until stumps were drawn, making 52, including 9 fours, with one chance. Neild's innings of 125 not out was as invaluable to his side as Heygate's to Middlesex. Beyond a chance at the wicket it was practically fault-

less, being by far his best innings for some seasons past. The Hospital is beginning to make some interest in its cricket—one man turned up to look on.

MIDDLESEX HOSPITAL.

R. B. Heygate, c Mann, b Paddon... 226	R. C. Douty, b Paddon..... 7
G. Laurence, b Paddon..... 17	H. Alexander, c and b Paddon..... 0
W. H. Eggar, b Weir..... 23	H. Rowntree, b Paddon..... 5
G. N. Montgomery, c Laird, b Weir 3	B. Goldsmith, not out..... 0
T. J. Montgomery, c and b Paddon 36	Extras 14
W. G. Masefield, b Paddon..... 0	Total..... 335
S. F. Harris, c Paddon, b Meakin... 4	

ST. THOMAS'S HOSPITAL.

F. M. Neild, not out..... 125	D. M. Gibson, c Laurence, b Masefield 5
W. B. Laird, b G. Montgomery..... 15	H. L. Mann, c & b P. J. Montgomery 1
W. Weir, c G. Montgomery, b Eggar 30	H. Bowring, not out 52
F. H. Holl, c Laurence, b Eggar..... 7	Extras 43
L. Meakin, c Rowntree, b G. Montgomery..... 16	Total for 7 wks. 294
S. F. Moore, c Laurence, b G. Montgomery 0	F. J. Aldridge and H. L. Paddon did not bat.

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.	
H. L. Paddon.....	24	1	3	108	7	H. Bowring	1	0	4	0
L. Meakin	20	1	82	1		S. F. Moore	3	0	21	0
W. Weir.....	16	2	97	2		F. J. Aldridge	2	0	9	0

Weir and Moore each bowled two wides.

ST. THOMAS'S HOSPITAL v. MIDDLESEX (REPLAYED CUP TIE).—Played at Acton, June 21st. In spite of the recent weather the pitch was fast and hard. Middlesex won the toss and elected to bat. Lawrence and Eggar made a good start to the bowling of Paddon and Meakin; bowling changes were frequent. Eggar was well taken behind the wicket by Neild. Lawrence was next to go, also taken at the wicket. The brothers Montgomery then came together and the cricket was decidedly slow. After their dismissal little resistance was offered to our bowling. Heygate, the hero of the first match, was caught behind the wicket for three. Middlesex were eventually out for 206. Our innings was opened by Neild and Seymour. Neild scored 11 off the first over, and was then caught at the wicket. Laird followed, bowled first ball by Lawrence. Two wickets for 13. Weir and Seymour then came together, and playing with great confidence they scored rapidly, Weir especially treated the bowling with very little respect. The score rose to 180 before Seymour was bowled in trying to hit a slow; he had played a great innings of 64. Meakin then joined Weir, and the runs were soon knocked off. After having won Weir hit wildly at a short ball, and was caught at point having made 88. All praise is due to Seymour and Weir for their fearless batting at a time when things were going none too well. Neild behind the wicket was positively brilliant. He caught five and stumped one; a good day's work! Paddon bowled well, without much luck. Holl, at cover, did some excellent work. May the team follow his example! The match was watched by three supporters from St. Thomas's. Not a great encouragement to our energetic captain and secretary.

MIDDLESEX HOSPITAL.

G. Laurence, c Neild, b Weir.....	43	B. Goldsmith, b Meakin	0
W. H. Eggar, c Neild, b Seymour...	23	H. Alexander. st Neild, b Meakin ..	4
G. N. Montgomery, c Neild, b Paddon	66	H. Rowntree, not out	0
P. J. Montgomery, c and b Meakin...	35	T. V. Lambert, b Paddon	0
R. B. Heygate, c Neild, b Bowring	3	Extras	21
E. E. Fazan, b Meakin.....	2		—
S. F. Harris, c Neild, b Paddon.....	9	Total	206

ST. THOMAS'S HOSPITAL.

F. M. Neild, c Harris, b Laurence	11	L. Meakin, not out	11
E. A. Seymour, b Eggar	64	Extras	35
W. B. Laird, b Laurence.....	0		—
W. Weir, c Fazan, b Eggar.....	88		209

F. H. Holl, D. M. Gibson, H. Bowring, F. J. Aldridge, H. L. Mann, H. L. Paddon did not bat.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon...	20	4	64	3	E. A. Seymour	6	1	17	1
L. Meakin	23	3	53	4	H. Bowring.....	6	1	12	1
W. Weir	10	1	39	1					

Seymour bowled three wides and Bowring one.

ST. THOMAS'S HOSPITAL v. ST. MARY'S HOSPITAL (SEMI-FINAL TIE).—Played at St. Quintin's Park on Friday, June 28th. Mary's winning the toss, sent Thomas's in to bat on a rain-sodden wicket. Runs came very slowly at first, Seymour leaving at 25, after nearly three-quarters of an hour. Weir was quickly out, after which Neild and Holl put on 80 runs before the latter was well taken at mid-on with the score at 118. Meakin joining Neild, both batsmen hit out well, lunch being reached with 200 for three wickets, Neild 101 not out. On resuming play, the innings closed for 283, Meakin having bad luck in just failing to reach 50. Great praise is due to Neild for another century, made on a ground where quick run-getting was impossible and boundary hits were few. Holl and Meakin afforded him valuable assistance. Mary's occupied the wickets for nearly two hours. At one time they had 71 for four wickets on the board, but on Seymour's replacing Meakin at the pavilion end the innings closed for 78 in three overs, two men being run out off successive balls. Thomas's thus qualify to meet Bart.'s or King's in the final.

ST. THOMAS' HOSPITAL.

F. M. Neild, b Shirgoaker	118	D. M. Gibson, not out	12
E. A. Seymour, c Barker, b Stralton	15	H. L. Mann, c Meers, b Hare.....	0
W. Weir, b Shirgoaker	9	F. J. Aldridge, b Stratton	11
F. H. Holl, c Wooster, b Stralton...	36	H. L. Paddon, b Stratton	0
L. Meakin, hit wkt, b Shirgoaker...	49	Extras	15
H. Bowring, c and b Shirgoaker ...	0		—
W. B. Laird, b Hare ..	18	Total.....	283

ST. MARY'S HOSPITAL.

T. Hare, b Meakin	7	T. H. Meers, run out ..	0
H. L. Barker, c and b Meakin	14	T. H. Burdett, run out.....	0
S. R. Shirgoaker, c Neild, b Paddon ..	14	R. T. Wooster, c Neild, b Seymour	3
E. S. Archer, c Seymour, b Meakin	4	T. Timothy, not out	0
A. G. H. Lovell, c Mann, b Seymour	13	Extras	7
E. S. W. Hirsch, c and b Seymour...	16		—
A. A. Stralton, lbw, b Seymour.....	0	Total	78

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	15	10	9	1	W. Weir	3	2	4	0
L. Meakin	16	2	51	3	E. A. Seymour.....	2	0	7	4

2ND XI v. ST. MARY'S HOSPITAL 2ND XI (CUP TIE).—This match, played on our ground on Thursday, June 27th, resulted in a win for us by a substantial margin, Ferguson playing a sound innings before carrying his bat. Our fielding left much to be desired, and improvement must be shown in this respect if we are to see the cup again. A. N. Dickson did the “hat trick,” and took five wickets for 29 runs. The following are the scores :—

ST. MARY'S HOSPITAL.

F. W. Quirk, c Barwick, b Bingham	23	D. Mason, c Ferguson, b Dickson ...	9
H. Compton, b Dickson	3	D. Thomas, b Sutton	12
W. R. Taylor, b Dickson.....	0	P. Martin, not out.....	0
C. T. Hawkins, b Dickson ..	0	C. Hackson, b Barwick	0
K. Lees, b Bingham	2	Extras	10
C. Galpin, c Marshall, b Bingham...	13		—
D. Hamilton, c Cooke, b Dickson ...	52	Total.....	124

ST. THOMAS'S HOSPITAL.

A. I. Cooke, c Quirk, b Mason	8	E. H. Marshall, c Compton, b Mason	9
N. M. Ferguson, not out	105	C. Morrison, not out.....	10
R. G. Bingham, c Taylor, b Mason	21	Extras	10
A. N. Dickson, b Quirk	27		—
R. L. Barwick, b Hamilton.....	2	Total (7 wkts)...	227
A. G. V. French, b Hamilton.....	0	R. Cox and W. Parkinson did not bat.	
W. H. R. Sutton, st Lees, b Compton	35		

ST. THOMAS'S HOSPITAL v. CHISWICK PARK.—Played at Chiswick, Saturday, June 8th, 12 a side. The Hospital made 132 on a difficult wicket, Holl, Bowring, and Mann saving the side from collapse. Chiswick Park only scored 57, Paddon and Meakin bowling unchanged. Finnis batted well for his 24. In the second innings Thomas's rotted out for 28, our opponents replying with 32 for no wickets. The Hospital thus gained their fourth victory this season. The fielding was good. Scores :—

ST. THOMAS'S HOSPITAL.

First Innings.		Second Innings.	
L. Meakin, run out.....	7	b D. Robertson	1
F. H. Holl, b Brandon	32	not out	0
W. Weir, b Chattell	3	b Curry	10
F. M. Neild, b Brandon	2	absent	0
W. B. Laird, b Chattell.....	5	st R. Robertson, b Curry ..	8
D. M. Gibson, c Finnis, b Chattell	5	b Curry	0
S. F. Moore, b Brandon.....	9	b Curry	0
F. G. Aldridge, b Chattell.....	6	b D. Robertson	0
N. M. Ferguson, b Brandon	0	b D. Robertson	0
H. L. Mann, b D. Robertson	22	c and b Curry.....	3
H. Bowring, c Curry, b Chattell.....	26	st R. Robertson, b Curry ..	0
H. L. Paddon, not out	4	b D. Robertson	0
Extras.....	11	Extras.....	6
Total.....	132	Total.....	28

CHISWICK PARK.

First Innings.			
A. Chattell, st Neild, b Meakin... ..	5	G. H. Stutchbury, b Paddon	1
R. L. Finnis, c Bowring, b Paddon ..	24	J. L. T. Sheppard, c Gibson, b	
D. Robertson, b Meakin	2	Meakin.....	0
A. Eddy, b Paddon	2	J. R. Caldwell, b Meakin	6
R. Robertson, b Paddon	0	G. Brandon, c Neild, b Paddon ...	0
E. W. Eller, c and b Meakin	2	Extras	1
H. W. Curry, lbw, b Meakin	4		
A. Fulford Brown, not out	10	Total	57

Second Innings.—A. Eddy, not out, 9; A. Fulford Brown, not out, 18; extras, 5. Total for no wickets, 32.

BOWLING ANALYSIS.

First Innings.					Second Innings.				
	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	12	5	12	5	W. Weir	4	1	7	0
L. Meakin	11	1	44	6	S. F. Moore.....	3	0	20	0

Weir bowled one no-ball.

ST. THOMAS'S HOSPITAL v. R.A.M.C., ALDERSHOT.—Played at Aldershot on Saturday, June 15th. Rain interfered with play, but eventually the match was just finished in time, the Hospital winning by two runs. Bowring and Gibson batted well for Thomas's, the former hitting two sixes, and Pte. Gordon for the losers. The slippery state of the ball was responsible for several catches being dropped.

ST. THOMAS'S HOSPITAL.

E. A. Seymour, c Gordon, b Gibbons	1	S. F. Moore, b Wells	0
H. Bowring, b Gibbons	30	R. L. Barwick, not out	6
W. Weir, b Gibbons	7	H. Treves, run out	0
W. B. Laird, c Gordon, b Gibbons	7	H. L. Paddon, b Wells	6
F. H. Holl, c and b Sparkes	4	Extras	7
D. M. Gibson, c Cross, b Wells	19		—
H. L. Mann, c Gibbons, b Wells	7	Total	94

R.A.M.C.

Lieut. Heslop, b Paddon	1	Lieut. Gibbons, c and b Weir	0
Pte. Gordon, b Seymour	44	Pte. Cross, b Seymour	0
Capt. Cochrane, b Paddon	0	Pte. Hamilton, c Treves, b Weir	10
Sergt. Steele, b Seymour	20	Pte. Wells, not out	0
Capt. Macpherson, c Moore, b Weir	11	Extras	5
Pte. Sparkes, b Seymour	0		—
Lieut. Thompson, run out	1	Total	92

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	9	1	24	2	E. A. Seymour	5	0	23	4
W. Weir	13.3	1	40	3					

ST. THOMAS'S HOSPITAL v. LONDON COUNTY.—Played at the Crystal Palace on Saturday, June 22nd. The Hospital, who were without Holl and Weir, batted first on a plumb wicket. The first wickets were given away to indifferent bowling, but Bowring and Meakin, and later on Gibson and Mann, played useful cricket, the score reaching 180. London County lost three wickets for 49 runs, after which, owing to slack fielding, they had no difficulty in dealing with the dispirited bowlers, and scored 305 for five wickets. Meakin bowled best, having at least three chances missed. The cup tie of the previous day may have had something to do with the Hospital performance. W. Shipton fielded well.

ST. THOMAS'S HOSPITAL.

E. A. Seymour, b Grace	2	W. Shipton, b Robinson	10
L. Meakin, b Grace	20	R. G. Bingham, b Robinson	3
W. B. Laird, c Penfold, b Brown	1	R. L. Barwick, not out	6
H. Bowring, c Cameron, b Gillespie	28	H. L. Paddon, c Cameron, b Gillespie	0
F. M. Neild, b Grace	8	Extras	7
D. M. Gibson, c Drake, b Robinson	48		—
H. L. Mann, c Grace, b Gillespie	47	Total	180

LONDON COUNTY.

J. M. Campbell, b Paddon	5	H. Brown, not out	36
C. B. Grace, st Neild, b Meakin	30	J. D. Gillespie, not out	51
L. Robinson, c Bingham, b Mann	93	Extras	20
T. A. Drake, lbw, b Meakin	7		—
J. J. Cameron, c Meakin, b Mann	63	Total (for 5 wks)	305

L. Parry, F. Clements, Penfold, and A. Bridge did not bat.

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	16	1	61	1	H. Bowring.....	8	1	29	0
L. Meakin	19	2	62	2	R. G. Bingham	6	1	44	0
E. A. Seymour.....	5	0	37	0	H. L. Mann	5	1	15	2

E. A. Seymour bowled six wides and R. G. Bingham one.

ST. THOMAS'S HOSPITAL v. TEDDINGTON.—Played at Bushy Park on Wednesday, June 26th. Thomas's, who had a weak team out, won the toss and elected to field first. Teddington made 287, Jacks hitting well for 136. Weir bowled with great success, and Aldridge deserved better luck. The Hospital fielding defies description, the number of dropped catches reaching double figures. After a good start, the first wicket falling at 77, Thomas's were all out for 162. Neild batted well for his 47.

TEDDINGTON.

N. C. Jacks, b Weir	136	F. Patterson, b Weir	17
J. B. Sparkes, c sub., b Weir	1	A. Coalbank, c Seymour, b Weir...	24
G. O. Forrester, b Seymour.....	27	A. Kinross, st Neild, b Weir.....	0
R. B. Lattimer, c Mann, b Weir...	9	A. Philips, not out.....	2
F. Smith, b Weir.....	7	Extras ..	23
H. V. Townsend, b Aldridge.....	40		—
J. N. Sparkes, c and b Weir	1	Total.....	287

ST. THOMAS'S HOSPITAL.

F. M. Neild, c Kinross, b Jacks.....	47	W. R. Parkinson, b Townsend	4
E. A. Seymour, c J. B. Sparkes,		S. F. Moore, b Patterson.....	7
b Smith	25	R. B. Abraham, st Coalbank, b	
H. Bowring, c Coalbank, b Jacks...	0	Townsend ..	0
D. M. Gibson, c Forrester, b Jacks	5	P. T. Harper, not out	0
W. Weir, c Patterson, b Jacks.....	25	Extras..	12
H. L. Mann, c J. B. Sparkes,			—
b Townsend.....	15	Total.....	162
F. J. Aldridge, c Coalbank, b			
Townsend	22		

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.	
W. Weir	22	5	1	108	8	H. Bowring.....	5	0	48	0
E. A. Seymour	12	0	52	1	F. J. Aldridge	16	2	76	1	

E. A. Seymour bowled one wide.

ST. THOMAS'S HOSPITAL v. OLD BRENTWOODS.—Played at Chiswick on Saturday, June 29th, and left drawn owing to rain. Thomas's fielded badly, four easy catches being dropped off Paddon's bowling. Shipton and Fergusson were notable exceptions, the former bringing off a brilliant left-handed catch at cover.

OLD BRENTWOODS.

J. Bean, b Meakin	7	L. Moons, c Bingham, b Bowring...	14
M. Bean, b Dickson	115	G. Yirrell, not out	8
C. Lewis, b Meakin	1	R. Stoneham, b Paddon	0
J. Landon, c Paddon, b Seymour ...	36	J. Gamble, not out	5
H. Kitson, c Bowring, b Aldridge...	2	Extras	17
J. N. Farnes, c Fergusson, b Meakin	5		—
J. Pike, c Shipton, b Paddon	21	Total for 9 wks.	231

ST. THOMAS'S HOSPITAL.

E. A. Seymour, L. Meakin, W. R. Laird, H. L. Paddon, W. Shipton, R. L. Barwick, N. M. Fergusson, R. G. Bingham, F. J. Aldridge, A. N. Dickson, H. Bowring.

BOWLING ANALYSIS.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	22	2	81	2	F. J. Aldridge	6	1	24	1
L. Meakin.....	17	0	60	3	A. N. Dickson	3	0	14	1
E. A. Seymour.....	8	1	28	1	H. Bowring	3	1	7	1

L. Meakin bowled a wide.

2ND XI v. CHISWICK PARK.—This match, played at Chiswick Park on Saturday, June 15th, ended in a draw. Owing to the inclement weather, play was deferred till a late hour, and then, winning the toss, we batted and made 76 for six wickets. Rain then fell heavily, and no more play was possible. A. T. Cooke (31) and A. G. V. French (27) put together 50 before the fall of the first wicket.

SWIMMING.

Owing to lack of fixtures, there has only been one match this year so far. We beat St. John's College, Battersea, at Lambeth Baths, by five goals to nil. Littlewood shot four goals, and Witney one.

Team :—W. M. Littlewood, W. B. Johnson, E. W. Witney, F. C. Pridham, E. H. Marshall, R. S. Overton, and A. White.

Westminster Hospital scratched in the inter-hospital water-polo, and left us in the semi-final to play either London or Guy's.

Charing Cross quite outclassed us at Holborn Baths in the inter-hospital swimming competition. They won by over a length. The team was weakened by the absence of Witney and Brandon. Littlewood swam very well for us.

Team :—W. B. Johnson, R. S. Overton, Whitehead, and W. M. Littlewood.

LAWN TENNIS.

The Inter-Hospital Lawn Tennis Cup Ties were played on the Chiswick Park Lawn Tennis Ground on June 19th, 20th, and 21st. The draw and results were as follows :—

St. Thomas's London	{	Middlesex	{	St. Thomas's (Middlesex scratched)	{	St. Thomas's 8—7
		St. Thomas's 8—1				
	{	Guy's	{	Guy's 9—0		
		St. Bartholomew's				

In the first round St. Thomas's defeated London with unexpected ease; all the team won their singles, and it was only necessary to play one round of doubles in order to win the requisite eight matches. In the semi-final Middlesex scratched, leaving Guy's, who easily beat Bart.'s, to play St. Thomas's in the final. St. Thomas's did badly in the singles, only Dawes and Gemmell winning their matches, so that the score at lunch was 4—2 in Guy's favour. In the afternoon Dawes and Gemmell went through the doubles without losing a set. Gouldebrough and Brandon easily beat the Guy's third pair, and also defeated Guy's second pair after losing the first set. Rae and Howitt, who were both very short of practice, lost to Guy's second and third pairs, and when all the other matches were finished were found struggling against the Guy's third pair, having already lost the first set and being 1—4 down in the second. The score of matches was seven all, so that this was the deciding event. The St. Thomas's pair played up well, and made it set all. The score eventually reached five all in the third set, and hereabouts Howitt was putting up a fine game. St. Thomas's reached 7—5 (40—30) with Howitt serving. They were seven times within a point of winning the game and match, but finally Guy's made it seven all. Sticking to it manfully, Howitt and Rae then won the two games necessary to give St. Thomas's the set, match, and cup. It was a most exciting finish, and though St. Thomas's now hold the cup for the third consecutive year, and though the tennis cup is the only one in the club at the time of writing, yet the number of spectators from the Hospital came to the magnificent total of two.

Score against Guy's in the Final.

Singles.—H. E. T. Dawes beat A. Zorab, 6—2, 7—5.

C. Gouldebrough lost to F. J. Cutler, 6—3, 2—6, 3—6.

A. C. Gemmell beat H. Sharpe, 3—6, 6—3, 8—6.

A. B. Howitt lost to H. Chapple, 4—6, 1—6.

A. J. Rae lost to M. M. Adams, 2—6, 2—6.

G. N. Brandon lost to M. M. Earle, 4—6, 6—2, 4—6.

Result of Singles—St. Thomas's 2, Guy's 4.

Doubles.—Dawes and Gemmell beat Zorab and Sharpe, 6—0, 6—3.

„ „ beat Earle and Chapple, 6—4, 6—4.

„ „ beat Cutler and Adams, 6—3, 6—1.

Howitt and Rae lost to Zorab and Sharpe, 1—6, 3—6.

„ „ lost to Earle and Chapple, 2—6, 3—6.

„ „ beat Cutler and Adams, 1—6, 8—6, 9—7.

Gouldebrough and Brandon lost to Zorab and Sharpe, 3—6, 5—7.

„ „ beat Earle and Chapple, 4—6, 6—4,
6—3.

„ „ beat Adams and Cutler, 6—3, 6—3.

Result of Doubles—St. Thomas's 6, Guy's 3.

Total result—St. Thomas's 8, Guy's 7.

RIFLE CLUB.

Matches.

St. Thomas's Hospital v. Bedford Grammar School, beaten by 8 points.

St. Thomas's Hospital v. Central Technical, the result not known as the Central Technical have not sent in their scores.

Prize Meeting.

The annual prize meeting was held at Bisley on June 19th, and proved a great success, both the weather and attendance being very good.

The programme, though apparently short, occupied the whole afternoon. The shooting showed marked improvement, and the prospects of our success in the Cup shoot materially increased.

The 200 and 500 yards handicap was won by Boulanger with a handicap of 14, Esler and Cowtan tying for second place, Esler having 12 points.

The 200 yards handicap was won by Cowtan (scratch), Marshall being second with a handicap of 6 points.

The 200 and 500 yards open was won by Wink; second, Gutteridge and Skrimshire.

The total aggregate prize fell to Wink with 145 points out of 175.

200 and 500 Yards Handicap.

(Highest possible, 70.)

First—Boulanger, 64. Second—Esler and Cowtan, 63.

200 Yards Handicap.

(Highest possible, 35.)

First—Cowtan, 31. Second—Marshall, 29.

200 and 500 Yards Open.

(Highest possible, 70.)

First—Wink, 61. Second—Gutteridge and Skrimshire, 51.

The shoot for the Inter-Hospital Cup takes place on July 11th at Bisley.

Books for Review.

GOUT, ITS PATHOLOGY, FORMS, DIAGNOSIS, AND TREATMENT. By Arthur P. Luff, M.D., F.R.C.P. Cassell and Company. 10s. 6d. net.

There are some diseases which so infrequently come under the notice of the average practitioner, and for the effectual treatment of which so much remains to be discovered, that an acquaintance with the few pages devoted to their consideration in an ordinary text-book is all the attention that the subject merits. There are other diseases, however, of which a much more profound study is necessary in order that those who are called upon to deal with them may be fully conscious of the extremely diverse character of their manifestations, and also may be ready to employ every available means to assist the *vis medicatrix naturæ* in its beneficent work. Of these latter diseases, gout is pre-eminently one. Probably no disease which has been recognised as a clinical entity for the same period of time has enjoyed so much discussion as to the important elements in its causation, and the most satisfactory means, dietetic and otherwise, by which its pathological effects may be combated.

This book was originally founded on the Goulstonian Lectures on the

"Chemistry and Pathology of Gout," delivered by the author before the College of Physicians in 1897. These have been amplified and extended, and in this edition much new matter has been added in order that the volume may bear the scientific hall-mark of up-to-dateism.

The book is divided into four parts. In the first the pathology of gout is discussed, the second deals with the diagnosis and prognosis of the condition. Part III is mostly concerned with a series of experiments calculated to show that the effect exerted by the mineral constituents of the majority of vegetables is to increase the solubility of sodium biurate, and to hinder the conversion of the quadriurate into the biurate form of the salt. The remainder of the book is a consideration of the general and special means to be adopted by way of treatment, both dietary, balneological, and climatic.

Not the least instructive portion of the book to our mind is the chapter on irregular gout; this, as well as the following chapter in which the author discusses the differential diagnosis of the various forms of chronic joint troubles, forms a valuable addition to the work.

[H.C.S.]

TREATMENT. By Harry Campbell, M.D., F.R.C.P. Ballière, Tindall, and Cox.
Price 5s.

Dr. Campbell's latest work is not a specific treatise on treatment. It is true that here and there he mentions methods which are especially applicable to certain definite diseases, but these are merely given as instances to emphasise his point, and to drive home his conclusions. A part of the book, indeed, only deals with treatment in the most indirect fashion. Arguing, presumably, that in order to treat his patient efficiently, the medical attendant must be trained and developed along special lines (a fact everyone must readily concede), the first eight chapters are devoted to a consideration of the education and personality of the physician, and his relations to his patient. The next dozen chapters deal with general principles, psycho-therapeutics, and especially with a consideration of the blood plasma and "its correction." The author is, of course, especially keen on this part of his subject, and goes at some length into the question of the intimate connection of each and every organ with its immediate environment (the plasma), and how every part of the body modifies and is modified by the continually changing element with which it is in contact. The remaining eighteen chapters discuss therapeutic agents, or such agents as can be adapted to therapeutic use, fresh air, clothing, exercise, rest, and especially diet. It is a fact to be borne in mind by the budding practitioner that probably his treatment will in the majority of instances meet with greater or less success, according as he employs the broader and more general therapeutic measures, and ceases to rely simply upon a narrow and often valueless specificism. It is for this reason that it is well at times to turn from the ordinary text-books to the study of some such work as this. The axiom is universal, for in the same way too close an acquaintance with special pathology without a proportionate knowledge of general pathology, leaves the mind "improperly balanced, and the ideas cribbed and confined."

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings ; for five years, one guinea ; for life, three guineas.

We beg to acknowledge the receipt of the following :—*London Hospital Gazette, St. Bartholomew's Hospital Gazette, Guy's Hospital Gazette, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Middlesex Hospital Gazette, The Broadway (Westminster), All India Hospital Assistants' Journal, The Hospital, Royal A.M.C. Journal, The Stethoscope.*

St. Thomas's Hospital Gazette.

No. 7.

OCTOBER, 1907.

VOL. XVII.

Hospital Notes.

With the advent of October the Medical School awakes from its summer sleep, while Hospital life generally shakes down to the engrossing thought of a new Session's work. All newcomers to our midst we cordially welcome. May each play his appointed part with the maximum of profit both to the Hospital and to himself.

* * *

Dr. Turney has now definitely started work in the wards as Fifth Physician to the Hospital. Each of the other Physicians has had some alteration made in the position and number of his male beds. The present arrangement is that Dr. Turney takes all the beds in George; Dr. Sharkey and Dr. Hawkins share Florence; while Arthur is divided between Dr. Acland and Dr. Mackenzie. For the time being Dr. Turney is without female beds (Charity and Christian remaining as before), and will, we understand, remain so until the opening of Victoria calls for a new deal all round. As to exactly how the various major weeks will be fitted in is not yet definitely settled. We are evidently in for a time of considerable unrest, but when once the new casualty officer scheme is in full working order, the appointment of Clerks and Dressers to In-patient posts before the Out-patient ones are taken will follow almost as a matter of course.

* * *

The Royal Society of Medicine is now an accomplished fact, and is about to commence its first winter's work as a new organisation. In most sections we are represented either on the Committee or among the Official Class. In the Pathological Section we are especially prominent with Mr. Shattock as president and Mr. Dudgeon as one of the joint secretaries, while Dr. Hawkins is secretary of the Medical Section.

* * *

It is becoming a hardy annual custom to publish, in this number of the Gazette, under the "Club Notices" heading, a short and usually rather sarcastic comment on the slackness of things in general

and of Rugby football players in particular. With this is coupled the piously-expressed hope that this season, at any rate, will witness something of a change. Now we must confess that we cannot in our own experience recall any instance when such an appeal (or call it what you will) issued under the auspices of our time-honoured green cover has met with anything which, even by a stretch of imagination, could be termed an adequate response. This we do not, except, perhaps, in the mildest way, resent. We have come to expect it. For similar reasons we no longer publicly ask for contributions of news or articles to our pages. Such calls pass unheeded. We gather in what we hear whispered at street corners or shouted in the market-places: this we look upon as our labour of love. But still, with regard to the eternal athletic question, a dignified reminder of the gist of the argument, such as we publish in this number, should not be without its use.

* * *

An old Hospital three-quarter, it is said, has regretted that we are not what we were. We should have preferred the unamended and hackneyed version, that we are not what we seem. For ourselves, we have no desire to return to the dark days of old—we have gained too much, notwithstanding what we may have lost. Now it is not in accordance with the usual order of things that one particular star should shine high for ever in the firmament, with the single possible exception of the pole star (we speak here under correction). Our athletic star set, it is true, some time ago, and we really feel that now it was about time it showed itself again. Perhaps we shall suddenly, some day, flash comet-wise upon a startled United Hospital. Without undue conceit we may say that in most other respects we have lately attempted to put our house in order (where such a change seemed needful), and this with some shew of success; so that it is but fair that we should for a time give our undivided attention to this special sphere of our activity.

* * *

At this period of the year two sets of men filter into our field of vision, viz., the 'Varsity men, who start right away with their clinical work, and the men starting in the School. The former, if they are keen, and are already exponents of the more important branches of athleticism, will, no doubt, be only too pleased to further indulge themselves in this direction. If they have not by this time broken the ice, we do not imagine that their old age will be green enough to allow them to start now. But the medical school element is the one which should be, we feel sure, the basis of our Hospital athletic life. The men here are comparatively young, and are fresh from the public

schools. They are working side by side with those who will be their companions and friends during the five or six years of their hospital life. They can afford time to learn, or at the least to improve their play, supplemented, of course, by ready-made talent from Oxford and Cambridge, but still themselves the all important factors which should lead to future success. We must say that we should like to see more "push" about the School portion of the combined organisation, with more of its members holding office in the various clubs, and not leaving nearly all the work to be done by men in their fourth, fifth, or even sixth years.

* * *

Of the ten meetings of the Medical and Physical Society arranged for the 1907-1908 season, four, as usual, will consist of "Clinical and Pathological Evenings," five meetings will be devoted to the reading of papers or addresses, while the last will be given over to debate. This departure was tried with some success two or three years ago. The addresses include one from the President, Dr. Perkins, and one from Professor Osler on October 31st, while Dr. Leathes contributes a paper on "Diabetes," Dr. Savage one on "Dreams Morbid and Natural," and Mr. Corner speaks the final word on the "Treatment of Fractures."

* * *

We offer our warmest congratulations to Miss Darbyshire (late Sister Block VIII) on her appointment as Matron to the Derby Royal Infirmary. The Block VIII post calls for talents of a rather special order, and those who have been connected with the work of its wards for the past three or more years can testify to the pleasantness of the association and to Miss Darbyshire's ability as a Sister. Since 1903 many changes have taken place there. The wards have been renovated and brought up to date, and are now second to none in the Hospital. Separate erysipelas wards have been opened as permanent institutions. One reform still, however, is needed. Luke, the ward which, perhaps, above all others next to Seymour and Lilian needs a small ward, is bereft. We would urge that the present opportunity should not be let slip of endeavouring to find some method for remedying the deficiency.

* * *

Our congratulations are also due to Dr. A. E. Ross and Dr. V. S. Hodson on their successes in the recent examination for the membership of the Royal College of Physicians; and to Dr. E. V. Dunkley on his appointment as Pathologist to the Bristol General Hospital.

The annual Old Students' Dinner was held at the "Cecil" on October 1st. Though not quite a record number were present, the gathering was a large one. Dr. Acland was in the chair, and proposed the toast of "Success to the Hospital and Medical School," which was responded to by their official representatives, the Treasurer and the Dean. The health of the Chairman was proposed by Dr. Hobhouse, of Brighton, to which Dr. Acland briefly replied. Everything went off exceedingly well, and the Hon. Secretaries are to be congratulated on the successful termination of their labours.

* * *

The German classes which Herr A. G. Haltenhoff has been conducting for the last two years at the Hospital re-commence with the new session. These classes are especially adapted to the requirements of members of the medical profession, and aim at facilitating the acquisition of a knowledge of colloquial German, and the perusal of German scientific literature. Herr Haltenhoff's experience of the wants of medical students is not limited to those of our own Hospital, and it is obviously the simplest method for all who desire some instruction on the above lines to receive it where their requirements will be especially considered.

* * *

We regret to record the death of Professor Charles Stewart which took place on September 27th. His official connection with St. Thomas's Hospital was severed over twenty years ago, when he vacated his position as Curator of the Hospital Museum and Lecturer on Comparative Anatomy and Physiology. To probably all now at the Hospital (except the staff) he will be known only by name. We append the following appreciation from the *Athenæum* of October 5th :—

"Many zoologists have lost a genial and warm-hearted friend in Charles Stewart, who, born in Plymouth sixty-seven years ago, laid down on September 27th a life of which the end had been weariness and sorrow. Till his unfortunate attack of apoplexy a few years ago, Stewart had always been, both mentally and physically, extremely active. For nearly five and twenty years he upheld and increased the reputation of the office of Conservator of the Hunterian Collection in the Royal College of Surgeons: thither he was called *omnium consensu* in recognition of the remarkable work he had done in the museum of St. Thomas's Hospital, where he lectured on comparative anatomy. The man who once heard him lecture never forgot it. For Stewart there was no need of the modern lantern slide; he had a genius for drawing on the blackboard. Stewart was diligent in such duties as secretaryships and presidencies; it was not, however, in pomp and circumstance that he rejoiced, but rather in the easy hours of the quiet pipe and friendly joke."

Notes on Incompatibles.

By. J. A. JENNINGS, PHARMACEUTIST TO THE HOSPITAL.

QUITE a number of chemical incompatibilities may be remembered by recalling to mind the action of the group reagents used in the examination of a simple inorganic salt; for instance, lead and silver salts are precipitated by chlorides, inorganic iron salts by alkalies, strontium and calcium salts by carbonates, and magnesium salts by phosphates, etc., etc.

Alkalies and acids are obviously incompatible. (Hydrocyanic acid is an exception, also carbolic acid (phenol), which is not a true acid in the ordinary acceptance of the term.)

There are substances commonly used in medicine which have a decided acid reaction not indicated by the name of the preparation, and so errors often occur in prescribing on account of this. In the majority of cases they are trivial, but some are of considerable importance, because the chief object the prescriber has in view is frustrated.

Take, for example, the important salt ammonium carbonate, it is not an unusual thing to see a small dose of this prescribed with oxymel or syrup of squill, both of which contain a fair amount of acetic acid; this either neutralises entirely or greatly diminishes the presence of the ammonium salt as carbonate. Caffeine citrate is very acid, and effects a similar change when prescribed with ammonium carbonate. These reactions may be avoided, and the active principles of the respective drugs retained by substituting in the case of the squill preparations a proportionate dose of the tincture, and a proportionate dose of caffeine may be used in place of the citrate.

When acids or acid preparations are ordered with sodium salicylate, precipitation of salicylic acid results, the latter being sparingly soluble in water. Tincture or solution of ferric chloride, both of which are acid, precipitate salicylic acid; this, combined with the purple colour of the mixture, makes an unsightly medicine. Iron and ammonium citrate may be substituted for either the tincture or solution with satisfactory results, so far as appearance goes.

The restricted use of syrup of lemon as a flavouring agent is due to the presence of citric acid.

(To be continued.)

Those Little Stones.

OR MY EXPERIENCES IN A LONDON HOSPITAL.

IT was in the beginning of the year 1906, when engaged in my daily duties, that I was overtaken with peculiar attacks of stomach trouble. Although engaged in an occupation which required a good deal of energy and persistent push, accompanied with outdoor work and exercise, the trouble continued and grew worse instead of better, and frequent attacks was the result, which during the first 12 months came on suddenly and quite prostrated me with pain and weakness. I resorted to all kinds of so-called remedies, until at last I was compelled to call in the local doctor, who informed me that I was suffering from a very serious stomach trouble. The attacks now became more frequent and acute. While standing behind my counter, or on my news rounds, I would suddenly be overtaken with intense pain, which would be almost always followed with fearful vomiting, which seemed to strain and tear me all to pieces and prostrate me with weakness. During the first few months of my trouble, by retiring to bed and laying flat on my back and applying hot flannel, I generally recovered sufficiently to enable me to resume my duties on the following morning. But as the trouble advanced I was suddenly called upon to take to my bed, prostrated with intense weakness, vomiting, and pain.

This went on for the first 12 months of my story. Then I had a continued illness of repeated attacks of 10 weeks duration. At the end of this time I partially recovered, and was again able to take up my rounds and duties. I was hoping that I had got over my trouble, for I was pretty free of attacks for the next three weeks, except on two occasions at night I was awoke out of my sleep by the return of pain and sickness. I was naturally rather alarmed at these night attacks, but, fortunately for me, they only lasted an hour or so and passed off again. Then I was suddenly overtaken with another most serious attack. The pains in my right side just below the ribs became most acute and unbearable, and I utterly collapsed under the attack. The doctor was hurriedly called in, and, on seeing me, became alarmed, and said it was a case of utter collapse, and that the first thing to be done was to relieve the pain. He immediately ran back to his surgery and returned with a little phial. The contents were to be taken a spoonful at a time in water frequently till the pain was relieved. This had the effect of relieving the pain. I was taking medicine all this time prescribed by my doctor.

At last, as the attacks were becoming more frequent, I decided to get further advice, and on my next bad attack I simply took a few doses of the pain-killer out of my little phial, got up from my bed, and went to a neighbouring town and consulted a

physician. This gentleman seemed very much interested in my case, and gave me an hour's examination and consultation. At the conclusion he said, "I have not the slightest doubt as to your complaint and trouble ; you are suffering from gall-stones and jaundice, and if the attacks continue there is nothing for you but an operation." This gentleman very kindly gave me a letter to give to my doctor and a prescription for present use to cause the gall-stones to break or pass. I passed several stones now at intervals of two days after the attacks. My next attack was more serious than ever. My doctor shook his head, and now advised my going away to a London hospital for operation. I consented. He now made application for me. I was hurried off to London by an early train one fine morning, and having travelled a distance of nearly 180 miles arrived at my destination, and was admitted to St. Thomas's Hospital, Westminster. I was duly admitted and passed on to — Ward. Here I was received with several other patients by the sister of the ward, who allocated us to our various beds.

I now, for the first time, dropped my name, and, like "Convict 99" in *Answers*, had a number. I was put through the various processes to which a new patient is submitted on admission to this institution, and I felt something like a lady who had just got married and had changed her name, for henceforth I was Number 15, which was afterwards changed to Number 24 ; but, like the lady mentioned above, I soon got accustomed to my new name. The ward to which I was allocated was a large one and well equipped. The patients were nearly 30 in number (males), and mostly operation cases, embracing all kinds of operations. The first thing that took my attention after entering what was to be my new home for a time was the great kindness and attention shown to the patients by the sister, staff nurse, and nurses, and the bright and genial way in which they perform their duties. Their very forms, as they glided over the floors of the ward, seemed to inspire a patient with hope and drive depression from his mind. Bent on their errands of mercy, as they glide by the sick and pain-stricken patient, their actions, speaking louder than words, seem to say, "I am at your service ; I am here to help you, to inspire you with hope, to relieve you of pain, and to help you back to the path of health and strength."

The next thing that took my attention was the variety of the patients and the complaints from which they suffered. Here were the aged : an old man looking between 70 and 80 years of age, a *facsimile* of that picture which is so interesting to children, Father Christmas, with long white beard and stooping posture. This man I christened Father Christmas as soon as I saw him. And here was a little patient just over five years old, who could just manage to toddle up and down the ward, led sometimes by Sister, at other times by the nurses. It was astonishing how soon this little patient, through the kindness extended to him,

made himself quite at home. The remainder of the patients embraced all ages between the little dot at five years and old Father Christmas. Then as to the complaints from which the patients suffered, they were varied and numerous: appendicitis, rupture, cancer, tumour, and many other complaints of a more or less serious nature.

I was now waited on by a dresser, or young doctor, who wrote a history of my complaint, he being very particular and precise to secure a complete description and account of my complaint, noting time and duration of first attack, symptoms, frequency of attacks, and any other information regarding the case that the patient could furnish. He also asked the patient all kinds of questions to elicit the fullest particulars of his case, which he followed up with a medical examination. This was called my history, and was suspended over my bed with temperature chart, and other documents which gave name of patient, age, complaint, diet, etc. After this I remained in the ward several days, my complaint troubling me but very little. I was able to get about well, to assist in doing some part of the work of the ward—as, if patients are well enough, they are expected to help in clearing up the ward.

In the morning here we have the luxury of breakfast in bed—Big Ben has not yet struck five o'clock when breakfast is served, which consists of toast, bread and butter, and tea. At six o'clock all patients able to get up dress, and do anything to help clear up the ward. At eight o'clock all patients up are to be washed and properly dressed, and at the table for prayers. Punctually at eight o'clock the Sister enters the ward and proceeds to the table where the patients are seated. The patients rise respectfully on the arrival of Sister at the table for prayer, when the morning prayers are read and the Benediction pronounced. On rising from prayers, Sister looks round the ward, and with her inspiring smile, and with raised voice, says "Good-morning all," the patients unitedly responding with "Good-morning, Sister." Nine o'clock, lunch is served, consisting of bread and butter, bread and dripping, cocoa, beef tea, hot milk, cold milk, as the patient chooses. Lunch is now cleared away, and everything is made ready for the doctors' rounds. Everything must be in order, spick and span. Between ten and twelve, doctors visit the patients, examine them, give fresh orders as regards medicine, treatment, change of diet, and general instructions. At about twelve o'clock doctors have generally finished their rounds, and preparation is then made for dinner, which is practically the best meal of the day, being varied according to the day and diet required by the patient. Patients on fluids are supplied with beef tea, hot or cold milk, and anything else that may be required or ordered on their diet sheet. Others, who are further advanced, can have fish, chicken, or mincemeat. Those who are on full diet can have roast beef, roast mutton, with rice pudding to complete, lemonade or milk to drink.

After dinner is cleared, some days doctors and students visit the ward, examine patients, and lecture on complaints. Students are asked various questions as to the why and wherefore of this or that, and woe betide them if they have not sufficient knowledge of the complaint to give proper answers to lecturer's questions. Especially the student whose case it is supposed to be, and who is set apart to specially watch and study the case. The writer was considerably edified and amused as, surrounded by students, doctor, and operator, he listened to a discourse on gall-stones, why they came, when they came, where they came, what they were composed of, etc., etc. Thus they proceed round the ward discoursing and lecturing on any case of note. After lectures round the ward is finished, it is near tea time, Tea is, therefore, brought in, consisting of bread and butter, bread and dripping, and tea. Patients who have eggs can have same cooked for lunch or tea, the eggs being collected and numbered with the owner's number, prior to lunch or tea, and then served up with the meal. Tea being over, patients who are up, and well enough, are allowed out on the balcony, where a very fine view of the river with its varied traffic is obtained.

A splendid view on the opposite side of the river is also obtained of the Houses of Parliament, Westminster Abbey, etc. Here may be seen sitting on the Terrace, on different occasions, many Members of Parliament and their ladies and friends. All these, and others, a view which may be obtained from the balcony, help to pass the hours of the patients. Many of the patients, who would otherwise lie in bed all day in the ward, are wheeled out on to the balcony in their beds, where they lie for hours in the sunshine, they thus receiving the benefit, for a few hours at least, of the open-air treatment, and smoke their pipes.

The patients who are too ill to get up or to be wheeled on to the balcony lie in their beds in the ward, and indulge in conversation, games, reading, and sleeping, etc., as they think fit. Seven p.m. supper is laid, after the same style as lunch. By 7.30 all are expected to be in readiness to retire to bed, and by quarter to eight all are in bed, when a few hymns are sung, evening prayers offered, the Benediction pronounced, and the "Good-night all" given by Sister, to which the patients most heartily respond with the words, "Good-night, Sister." It is now 8 o'clock; the lights are turned out, with the exception of the lamp at the nurse's table, which is shaded; and quiet reigns around. Many of the old patients almost immediately drop off to sleep; while new patients, who lie in the ward for the first night, amidst the strangeness of their new surroundings, hardly turn their eyes in sleep the whole night. In the silence of the night may be heard the hours slowly passing away, as Big Ben announces every quarter of an hour that the sleepless patient is slowly but surely getting nearer the morning. Never shall I forget the first night I spent in that hospital ward, amidst such unusual surroundings. My

thoughts would turn towards home, friends, business, and a hundred and one other things, which, with the constant booming of Big Ben, prevented my eyes from turning in sleep the whole night, and it was with a sigh of relief that I watched the gradual coming of daylight and awaited serving of breakfast, to be shortly followed by the arrival of 6 a.m., the hour to arise to commence the routine of another day's duties.

And now, as the ward is a surgical operation ward, this little story would be incomplete without some particulars of the surgical staff who perform the operations and help and watch the process back to convalescence. I have said before that I was hurried off by early morning train on a fine Wednesday morning in order that I might reach hospital as early as possible, and be operated on before Mr. M——, the operator, left for his holidays, which was to be at the end of the same week. However, this was not to be, for it was towards the end of the week when Mr. M—— entered the ward and enquired of the sister where the man from P—— was which had the gall-stones, he being heard to say: "I intended to do that case myself before my holiday, but it is too late now; Mr. W—— will do him." In due course Mr. M—— arrived at my bedside, gave me a thorough examination, and put his hand on the very spot of my trouble. After examination, he quietly stepped a few paces from my bedside and held a consultation with the ward surgeon and sister. I was not permitted to know the result of this examination and consultation until the evening, when I said to the sister, "What is the result of Mr. M——'s examination of me?" and asked her as to what his opinion of me was, and whether he thought an operation necessary in my case. My reply was most promptly given me: "Mr. M—— thinks an operation most necessary, but not probably for a week or ten days." I was now fully aware that I had to face an operation, and that it was only a matter of some few days when it would be my turn to be carried away on the operation trolley, go up the lift to the operating theatre, lay on the operating table, and be put off by gas or ether as the case might be. But I did not worry, or fear the operation. Imagine my satisfaction; for here was I, a poor, struggling newsagent, receiving the benefit of examination and consultation at the hands of a gentleman who might at any moment be called upon to attend royalty, and even H.M. the King of England. Thus any fears or qualms that I might have had were soon done away with by the knowledge that I, an ordinary patient, was receiving the benefit of some of the best skill and knowledge in the country.

At last I was duly informed that my operation would take place on Thursday. The night previous I was put through the necessary formality to prepare me for operation. I was allowed to get up at 6 o'clock, have a bath, and return to bed at 8 o'clock. For lunch I was allowed one small piece of dry toast and a small

quantity of beef tea. This was the last food I was allowed before the operation; and I had to lie in bed from 8 o'clock in the morning till 3 or 4 o'clock in the afternoon, when I found by my bedside the trolley which was to convey me to the operating theatre. I was then placed on the trolley and wheeled away out of the ward up the corridor, put in the lift, the lift started, and we duly arrived at the floor of the operating theatre. I was then removed from the trolley to the operating table and wheeled into an ante-room adjoining the theatre. Here I had to wait some little time, which I confess was rather tedious, as I was anxious to get over my operation. However, I had a little conversation with the nurse and sister, which passed the time away as I lay on the operating table. I asked them whether it would be much longer, as if it was I would like to entertain them by singing a solo—"Rock of Ages, cleft for me." The answer to my request was that I must keep quiet and not talk. However, at this time a doctor came up to me. He looked at my sheet, and said, "Oh! from Portland, eh?" in a kind of meaning way. I said, "Yes, Portland; we get a lot of Londoners there"—meaning the convicts. Needless to say, he said no more on the subject. He examined me before putting me off. I said, "I think it's all right, doctor; non-smoker and teetotaler." He said, "Oh! that's all right then." I was then put off, and I knew no more of what occurred until I came round that evening in the ward.

For some days and nights now I was very rough indeed; and for a week or so I laid in a more or less serious condition, suffering intense pain from the wound caused by the operation. Two days after the operation a plug was taken out of my gall-bladder, and on the 9th day the gutta-percha tube was taken out of the same position. The taking out of this tube caused me considerable pain and soreness for the next few days, but in a few days I felt much better, and, on the sister coming her rounds, I asked her how she thought I was getting on. She said, "Splendidly; could not be better." This was good news for me to send home to my wife and relations, and was a source of cheer to them and myself. I gradually improved day after day until about the tenth day I was able to sit upright in bed, which was a great achievement considering the nature of my operation. I was informed that my operation was a successful one, and that a large number of gall-stones had been taken out of my gall-bladder, several larger than good-sized marbles, while others ranged in size from the size of marbles to gravel. Thus I had the satisfaction that at least for some time the cause of all my trouble and pain for the last eighteen months had been removed, and that I was on the high road back to health and strength. At this point of my story I cannot refrain from making a few remarks as to the attention and kindness shown generally to the patients by the whole hospital staff, beginning with the operator and coming to the visiting surgeons, ward surgeon,

dressers, matron, sister, staff nurse, and nurses. Their united aim and endeavour is to do all that surgical skill and nursing can do to help the patient to recovery, and no task is too heavy or effort too great which will aim at this end. I cannot refrain from paying a high compliment to the night nurse, who, for the most part of the night, is single-handed, and through the long watches of the night pays special attention to the requirements of those patients who, through pain and suffering, are unable to sleep: her efforts to relieve the suffering patient are incessant, and no effort or thing is spared which will help the weary patient to obtain rest and sleep, which is such a vital necessity if he is to progress and recover.

Heard Through the Stethoscope.

THAT Dr. H. D. Singer (R.A.P. 1902-1903) has been appointed Director of the Psychopathic Institute of the State of Illinois, United States of America, in the Eastern Hospital for the Insane.

That Dr. Dudgeon is adding to his reputation as a pluralist by having been elected Horace Dobell Lecturer of the Royal College of Physicians for the coming year, and one of the Erasmus Wilson Lecturers (for the second time) at the Royal College of Surgeons.

That Dr. A. E. Boycott has again been appointed Gordon Lecturer in Pathology (at Guy's) for the coming year.

That in the recent Service Examinations Dr. A. N. Dickson passed 3rd into the I.M.S., and Messrs. R. E. Todd and H. T. Treves 5th and 21st respectively into the R.A.M.C.

That Lieut. H. E. Gotelee, R.A.M.C., will probably shortly leave England for Ceylon, and Lieut. A. A. Sutcliffe, R.A.M.C., for Singapore.

That a telegram was recently received at the Hospital addressed to one "Oreste Borsieri, Lying-in Patient."

That the patient in question, contrary to expectation, turned out to be a man in City!

That if Hospitals are accused of practising upon the poor the blame should not be laid altogether at the Surgeon's door.

That a patient's bed ticket has arrived at the Steward's Office endorsed by an eminent physician with the following words:—"Rec. for Inguinal Hernia!"

That among recent weddings may be mentioned that of Dr. C. St. A. Coles (H.P. 1906), in practice at Ealing, and Dr. A. J. H. Iles, in practice at Great Malvern.

That Dr. R. E. H. Leach (H.P. 1907) is now in practice at Bungay, Suffolk; Dr. C. L. Morgan (H.P. 1905) at Droitwich, and Dr. F. B. Treves at Margate.

That we were unsuccessfully represented in the Irish Golf Championship by Messrs. Girdlestone and Corbett.

That even a Sister has been known to hesitate between "distilled" and "sterilised" water.

That history is one of the many things that gets repeated in Hospital.

That it is still a question who inquired of the House Officer last week: "Is it the perivalent serum or the streptococcus diogenes you want?"

That the recent admissions to the Nightingale Home have been on a decidedly large scale.

That Mr. Geoffery Price, R.N., has passed third out of Haslar, and has received the due reward of merit in the shape of a microscope.

That in place of the one "babe" in College House last year there are four "babies" now.

That Mr. H. C. Devas has been appointed Assistant R.M.O. to the Highgate Infirmary.

That Mr. A. B. Howitt has been appointed House Physician, and Mr. A. C. D. Firth House Surgeon, to the West London Hospital.

That since our main unsolicited contributors are patients, we make no apology for printing the following, except that Mr. Howitt's many services to the Hospital demanded something more alluring:—

We've lost our little H—w—t,
Alas, he is no more,
He took up Bier's Congestion
And now he's gone before.

But he was sorely troubled,
Of deep sorrow did he taste
To think he couldn't put one on
Around the neck or waist.

This most effective treatment
He tried till all was blue:
For four hours was the bandage on
And taken off for two.

But as this was impossible
For reasons plain to see,
He simply waxed more hot and strong
On foot and hand and knee.

No matter what the ailment,
'Twas all the same to him,
A rubber bandage was applied
To the affected limb.

The victims soon grew rampant,
They made his life a bore,
So he shuffled off this mortal coil,
Leaving bandages galore.

That the following are some of the more recent papers by St. Thomas's men:—

"Further Observations on the Thyroid Gland"—*Journal of Pathology and Bacteriology*—By Walter Edmunds, Esq., F.R.C.S., late Medical Officer in charge of St. Thomas's Home.

"Sanitation and an Earthquake," by Major E. Carriek Foreman, R.A.M.C.—In the October number of the *R.A.M.C. Journal*.

"Some Observations on the Purpura of Children," by H. R. Dean, Esq., M.R.C.P.—*B.M.J.*, September 28th.

London University and the Concentration Scheme.

THE long-talked-of concentration of the Medical Sciences at South Kensington affects the future of St. Thomas's School very deeply, and the Editor has asked me to write a short account of the position of affairs as I understand it, since it may interest past and present students.

When the constitution of the medical side of the New University was in process of incubation, it was recommended by the Faculty of Medicine that the preliminary and intermediate subjects should be concentrated in one or more central institutes, in order to do away with the extravagance of having twelve sets of laboratories, each equipped with expensive modern apparatus, and only used occasionally. To take a concrete example, it was felt that there would be a great saving of expense and energy if one costly piece of physiological apparatus were shown to succeeding batches of students instead of there being twelve of them, each used perhaps once a session and lying idle all the rest of the year.

In the matter of teachers, too, it was thought that, although the proportion of demonstrators to students was not too high, it was advisable that it should be equalised, because in one school there might be a demonstrator of anatomy to teach ten or twelve students, while in another there might be only three to a hundred. Then, of course, there was, and still is, a great overlapping of lecturers and heads of departments, since one man can organise for and lecture to two hundred students as easily as he can to twenty.

Throughout its life, or perhaps one ought to say its reformed life, the University has consistently placed in the forefront of its programme a scheme for concentrating the earlier medical studies in a central Institute at South Kensington, inviting those schools which approved the scheme to send their students there, while it was hoped that those who at first disapproved would come in later.

Of course at first there was no money for this scheme, and the hospitals could furnish none. The Charity Commissioners will not allow Hospital Funds to be used for medical education, even though the students by acting as dressers, clerks, etc., save the cost of many paid officials; nor will the Government subsidise medical education, although it helps education of almost every other kind. Apparently it thinks that teaching medical students is a remunerative pursuit.

The University, therefore, made an appeal to the public for a quarter of a million to build, equip, and endow an institute of medical sciences at South Kensington, and several of the London medical schools said that they would send their students there when it was ready. Up to the present some seventy thousand pounds, speaking from hearsay,

have been collected or promised, and no doubt the slow process of collecting would have gone on uninterruptedly if the offer of a site at South Kensington had not ended at the close of this year. It is, therefore, necessary for the University to begin building almost at once, or to lose the chance of a site at South Kensington.

The first two Deans of the medical faculty of the University, Mr. Butlin and Dr. Fowler, have been strongly impressed with the importance of concentration in developing the resources of London as a centre of medical training, and for some time they undoubtedly had a large majority of the Faculty of Medicine at their back, but lately each medical school has been reconsidering its position, and all, except St. Thomas's and St. George's, have either thought that the disadvantages of a concentration at South Kensington to them as individual schools would outweigh any advantage they might gain by being part of a more homogeneous and powerful University, or else they have, on mature consideration, doubted whether a concentration at South Kensington was likely to add to the prestige and power of that University.

Whatever the arguments which swayed them may have been, the majority of the Faculty of Medicine refused this year to re-elect Drs. Fowler and Rose Bradford as their representatives on the Senate, and gave their votes to Drs. Leonard Hill and Cayley, who are opposed to concentration on the proposed lines.

Last July a meeting of the Faculty was held to rediscuss the whole question. It was very largely attended, and, after a prolonged debate which, on the whole, was dignified and courteous in tone, the opponents of concentration carried their point by a very small majority, so small that no disinterested person could claim that the Faculty, as a whole, had any decided feeling for or against concentration.

What the Senate will now do remains to be seen. The representatives of the Faculty of Medicine, with a narrow majority of the Faculty behind them, will doubtless oppose an institute at South Kensington, and may or may not be successful. If they are, the question of what is to be done with the money already collected will arise, and many different views are held on this point. Some think that it must be returned, others that it can be easily diverted to endow physiological and pathological research at the various medical schools; others again that it should be used for the endowment of the existing physiological laboratory at the University, which is at present largely subsidised by a private gentleman; while some hold that it should be kept in trust until the Faculty changes its mind again and another chance occurs.

In the first three cases the University will have to approach the donors or their executors and say that it no longer wants the institute for which it has been appealing so energetically.

I see in a recent number of the *London Hospital Gazette* the statement that St. Thomas' and St. George's were hoping that the

University would build a school for them, and that because they were disappointed they had behaved like other disappointed people, and had written to the papers. Frankly, we are disappointed, but not because our ideals are as petty as the mouthpiece of the London Hospital School asserts. St. Thomas's has steadily adhered to the concentration scheme from the first, and at the first so many other schools were with us that it is absurd to hint that we did so in the hope that the University would build and endow a school for us and St. George's. Since then all we have done to deserve the unnecessary imputations of the *London Hospital Gazette* is to hold to our opinion that a gradual concentration at South Kensington or elsewhere would add to the effectiveness of the Medical side of the University of London, and that it might prove to be the means of reducing the cost of medical education in London, and be of help in eventually leading to a University Degree in Medicine and Surgery for all London students. In this way, by going to the roots of the present evils, the Metropolis might once again be in a position to hold its own against the provincial centres of medical education; we are convinced that this can never be achieved by patchwork efforts on the part of the individual schools of London, each playing for its own hand at the expense of all its fellows.

The problem has a different appearance as one regards it from a personal point of view, from the point of view of one's own Medical School, or from the point of view of the University. St. Thomas's has chosen the last of these, and has not moved from it. If its members had taken either of the other points its vote would not have been nearly as unanimous as it is, because, in spite of the *London Hospital Gazette*, there is room for difference of opinion as to whether concentration is the best thing for us as an individual school.

This is the position of affairs as I understand it, and it will be very interesting to see what happens next.

F. G. PARSONS.

[Since the above was written we learn that the Senate has appointed a Sub-Committee to consider the present position and to report. The Faculty, which at one time received the thanks of the Senate for its valuable advice and reports on this and other questions submitted to it, has, by its vacillation, lost all the influence and control it possessed, and the Senate is evidently little inclined to further ask its opinion on this question.—Ed.]

Clinical Jottings.

TWO CASES OF "CONGENITAL DIVERTICULUM OF THE CYSTIC DUCT."

The following cases are of considerable interest, both on account of their rarity and also from the fact that they were admitted to the hospital within a few months of each other:—

Case 1.—R. S., female, aged 18 years, dressmaker.

Family history and previous history unimportant. The patient complained of pain in the right side of the abdomen, and of a swelling for 14 days previous to admission.

On examination.—An elastic swelling in the right lumbar region, giving all the physical signs of an "hydronephrosis." Swelling painless—not tender to palpation—and reaching slightly below the level of the umbilicus, and almost to the middle line anteriorly. Urinalysis showed 5 grs. of urea to the ounce, and the presence of epithelial cells and calcium oxalate crystals.

Exploratory lumbar incision on eleventh day after admission revealed the following:—Large cystic swelling, retroperitoneal, containing some $2\frac{1}{2}$ pints of olive-green thin glistening fluid, with numerous small facettèd "cholesterin" calculi (as shown by analysis). The cyst-wall was excised in two portions, and to the naked eye resembled skin, but no hairs were present (proved not to be skin microscopically). A small nipple-like projection was present on the wall, communicating with a duct which had been cut across. Hæmorrhage was profuse during removal, and was controlled by plugging.

Examination of the fluid from cyst showed "absence of bile-salts and bile-pigments, but presence of cholesterin-albumen and carbonates." On the fourth day after operation, plugs were removed, and some $\frac{3}{4}$ pint of brownish-green fluid was evacuated, which, on analysis, showed the presence of "bile-pigments," but no "bile-acids." The discharge continued.

On the 18th day there was considerable hæmorrhage from the wound, controlled by plugging. The same afternoon the wound was explored under an anæsthetic, but no bleeding-point detected, the hæmorrhage apparently originating in the portal-fissure. On 23rd day another severe attack of hæmorrhage. Wound plugged and patient infused, death occurring the same day.

P.M.—A large cavity in the right loin, having one opening in the right lumbar region and another very small communication with the cystic duct, close to the neck of the gall-bladder. A large quantity of blood-clot was present in the cavity. The cyst excised had apparently been contained within this cavity.

The gall-bladder was normal and contained a few small cholesterin calculi. One calculus was lodged close to the communication between the cyst and cystic duct. The common duct was patent. The source of the hæmorrhage was apparently some small branch of the portal vein in the portal fissure, but this could not be accurately determined. The other viscera were normal.

Case 2.—F. G., female, aged 14 years, servant.

Family and past histories do not bear on the case. The patient was admitted with one month's history of attacks of abdominal pain on the right side, accompanied by a feeling of nausea. She had a severe attack with vomiting five days before admission. The pain continued; and so the patient was brought to the hospital.

State.—The patient looked ill. Temperature 101 degrees. Pulse 108 per minute. There was fullness in the right hypochondrium and lumbar region, with dulness and tenderness over this area. The liver dulness merged into the area of abdominal dulness.

Urinalysis. — Slight trace of albumen. Some reduction with Fehlings' solution. No bile pigments. No pus. Operation on the following day.

Exploratory celiotomy through the right linea-semilunaris. A large retroperitoneal cyst was found in the right lumbar region, communicating with the cystic duct close to the neck of the gall-bladder, and containing some 36 ounces of thick green fluid, presumably bile (unfortunately, this fluid was not submitted to analysis). The wall of the cyst was thick, especially the lining membrane, which was white, and to the naked eye identical in structure with the cyst-wall in the former case (microscopically the wall was found to consist of "fibrous tissue"). The gall-bladder was slightly enlarged. No calculi were present. The gall-bladder and cyst were removed together, and the divided end of the cystic-duct brought to the surface and sutured there, a drainage-tube being inserted. The patient suffered considerably from shock after the operation, but soon rallied. A profuse discharge of greenish-brown bile has continued. An examination of the fæces some two months after operation proved the absence of bile. The patient is still in hospital, and in spite of the persistent drainage of bile her general condition is excellent.

Books for Review.

INSANITY AND ALLIED NEUROSES. By George H. Savage, M.D., F.R.C.P., with the assistance of Edwin Goodall, M.D., F.R.C.P. Cassell & Co. 12s. 6d.

This is a new and enlarged edition of the work originally published in 1884. Dr. Savage's name is too well known for there to be any necessity for us to comment either upon the wealth of his experience or his ability to retail it for the benefit of his readers. The book contains accounts of large numbers of illustrative cases, and whenever it is possible the morbid anatomy underlying the psychological change is explained. There is a curious want of conformity about the illustrations, many of the wood cuts being typical of a bygone type of text-book; the new additions, however, are mostly photographs reproduced.

MINOR MEDICINE. By Walter Essex Wynter, M.D., F.R.C.P., Physician to the Middlesex Hospital and Lecturer to the Medical School. Sydney Appleton. Price 6s. net.

This is essentially a book for the general practitioner. One that should help him to make up for that sort of experience he might in more ancient times have gained as an apprentice to the trade. It is a book which deals with the treatment of such conditions as one only has to deal with in hospital practice incidentally—corns, flatulence, heartburn, obesity, neuralgia, etc. From the very nature of the cases, the treatment employed must be largely empirical, and empiricism does not appeal to us nowadays; for this, however, at present there is no help. Additional chapters touch upon diet and the maintenance of individual health. Prescriptions are scattered plentifully throughout the book, and are collected at the end into eighteen pages of formulæ.

BILHARZIOSIS. By Frank Cole Madden, F.R.C.S., Professor of Surgery Egyptian Government School, and Senior Surgeon Kasr-el-ainy Hospital, Cairo. Cassell and Co. 3s. 6d. net.

This extremely interesting and admirably illustrated monograph deals with a subject which, from the practical point of view, can come within the experience of but few English practitioners. It would appear that the usual method of infection is via the skin, in those who are constantly allowing their bare limbs to come in contact with infected water, and that where reinfection is guarded against spontaneous cure may occur in a large number of instances. The habitat of the adult, though not necessarily sexually mature worm, is the liver and the radicles and tributaries of the portal vein; from this situation it (or rather they, for now the worm is coupled), travelling against the blood stream, invades the vessels of the mucous membrane of the intestine, especially the lower portion, and of the bladder. The ova are laid in the blood stream, and block the smaller capillaries to which they are carried, whether those in the liver, genito urinary, or alimentary tracts. An inflammatory condition is then set up, usually originating in the mucous membrane, which reveals itself by papillomatous formations, ulceration, and by infiltration of the deeper tissues. The treatment to be adopted varies with the localisation of the disease, as to whether the urinary tract, intestine, skin, or female generative organs are attacked. Removal of all infected tissue, of course, is to be aimed at when possible. Bladder conditions may require drainage, the removal of vesical calculi, and other treatment, according to the symptoms present, while in the earliest stage a course of male fern and irrigation may be tried. Similarly the dysenteric form will call for appropriate measures. The terrible nature of the disease when advanced is fully disclosed by numerous photographs.

[We are compelled to hold over a number of Reviews on Books we have received, until next month.]

Club Notices.

THE RUGBY FOOTBALL CLUB.

Ten years have passed since the Inter-Hospital Challenge Cup for Rugby Football found a resting place in our Club. Can it be restored to this position, a position held for a decade? Shall we, as a Football Club, ever rise again to the heights which our predecessors reached, and possess a team which can be undoubtedly called "first class"? The answer is "Yes." "If"—there is always an "If"—our men will be "Keen Patriots." It should not be a great deal to ask a man to place his Saturday afternoons at the disposal of hospital games before all other forms of amusement. It is, after all, but a small debt we owe our Mother Hospital who engenders and fosters our medical career. Yet, how often does a man say "I am sorry I cannot play footer to-day; I am going to see 'The Maids of Marienbad' at the Frivolity"? And this, too, usually on Saturday morning, after telling the Secretary the previous Wednesday he would play! Unless this sort of thing is given up and men play regularly, keenly, and loyally, we doubt whether we shall ever see the Cup again. A few days since we saw an old Thomas's man, a first-class three-quarter in the days when the club was at its zenith, who said "I am afraid Thomas's is not what it was: how is it?" It was not a nice question to answer without losing some pride, although we are not all "slackers," and we have some men who are sportsmen to the backbone. To the "Freshers," then, we appeal, and to others who do not devote themselves to some branch or other of Hospital Athletics, for regular keen assistance, practically and ungrudgingly given to the service of the Hospital. Put your names down on the paper provided for that purpose on the Club Notice Board, or tell the Secretary of the "A" team your intention of playing. The 1st and "A" XV's have excellent fixture lists, and 3rd XV matches will be arranged if only the desired number of men show their keenness in a practical way.

CRICKET CLUB.

A RETROSPECT.

The past cricket season has been the most successful the Hospital has known for some years. F. H. Holl has reason to be proud of his career as Captain.

The 1st XI have played 17 matches, won 8, lost 6, drawn 3. An account of the Final Cup Tie appears below.

F. M. Neild heads the batting averages with an aggregate of 532 runs, and has made three centuries this season. His average is 48.3. We hope he may be available next season. In bowling, H. L. Paddon secured 48 wickets at a cost of 14.9 runs each, whilst L. Meakin took 55 for 15.7 apiece.

H. L. Paddon and E. A. Seymour have been awarded Cricket Colours.

The 2nd XI have also done very well, and after leaving the Final Tie drawn once, owing to rain, brought the cup back again to the Hospital, after beating Guy's, in a replay in August, by eight wickets.

FINAL CUP TIE, v. BART'S.—Played at Honor Oak on July 16th, 17th, and 18th. Bart's., winning the toss, batted first on a hard, fast wicket. To begin with things looked well for Thomas's, the eighth wicket falling at 131. Thanks, however, to a dashing if somewhat lucky innings by Cunningham, the ninth

wicket put on 83 runs, and the total reached 219. Thomas's started well, the first wicket realising 76 runs. Weir was soon out, but on Meakin joining Neild the score was raised to 119 before the former left, being easily caught, off a mis-hit, at point. Laird ran himself out very badly, and wickets fell in quick succession, the day's play ending with our having 239 for seven wickets. Thanks to good batting by the overnight not outs, Mann and Gibson, and also by Aldridge, the innings closed for 285. Neild obtained his third century this season, his magnificent innings being largely responsible for the respectable proportions of the total. Bart's. started their second venture badly, Norman falling to a good catch at mid-on with only one run on the board, and the first four wickets only yielded 46 runs. With seven wickets down for 119, the game seemed fairly ours, but careful batting by Turner, Weddell, and Gaskell caused a complete change, the score reaching 276. Left with one and a half hours to bat, and just over 200 runs to get, Thomas's lost half their wickets for 65, and next morning only totalled 121, Aldridge and Weir batting best. We thus lost by 89 runs. Thomas's wanted another bowler, although Meakin, Paddon, and Weir all bowled well. The fielding was good on the whole. The loss of the toss and the worn state of the wicket in our second innings had something to do with the result. In batting we were, with the exception of Neild, hardly up to form, some of the batsmen seeming to lack nerve. We must hope for better luck next time.

ST. BARTHOLOMEW'S HOSPITAL.

First Innings.		Second Innings.	
N. F. Norman, run out	40	o Aldridge, b Paddon	0
W. B. Griffen, o Neild, b Paddon	29	o Neild, b Paddon	5
C. Noon, b Paddon	0	b Weir	39
P. A. With, c Paddon, b Meakin	7	lbw, b Meakin	23
E. De Verteuil, c and b Seymour	24	b Paddon	0
G. Viner, b Meakin	43	o Weir	29
A. G. Turner, b Meakin	2	c Meakin, b Weir	67
J. W. Weddell, b Meakin	1	o Neild, b Paddon	42
J. F. Gaskell, c and b Meakin	3	not out	40
A. J. Cunningham, not out	63	lbw, b Weir	15
T. G. Gibson, lbw, b Paddon	0	o Weir, b Aldridge	0
Extras	7	Extras	16
Total	219	Total	276

ST. THOMAS'S HOSPITAL.

First Innings.		Second Innings.	
F. M. Neild, c Griffen, b Norman	128	lbw, b Griffen	3
E. A. Seymour, c and b Griffen	24	c Gibson, b Gaskell	14
W. Weir, b Griffen	5	c and b Gibson	21
L. Meakin, c De Verteuil, b Norman	29	c Gibson, b Gaskell	14
W. B. Laird, run out	2	b Griffen	4
F. H. Holl, lbw, b Griffen	17	b Griffen	0
D. M. Gibson, b Gibson	18	b Gaskell	14
H. Bowring, b Griffen	4	b Griffen	7
H. L. Mann, b Griffen	12	lbw, b Cunningham	9
F. J. Aldridge, b Cunningham	15	b Gibson	23
H. L. Paddon, not out	0	not out	0
Extras	31	Extras	12
Total	285	Total	121

BOWLING ANALYSIS.

First Innings.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	26	6	79	3	W. Weir	8	0	26	0
L. Meakin	30	8	72	5	E. A. Seymour	13	3	35	1

Second Innings.

	O.	M.	R.	W.		O.	M.	R.	W.
H. L. Paddon	26	7	62	4	F. J. Aldridge	7	1	19	1
L. Meakin	28	4	90	1	F. H. Holl	2	0	4	0
W. Weir	20	5	52	4	H. Bowring	2	0	8	0
E. A. Seymour	7	0	25	0					

2ND XI v GUY'S HOSPITAL (Final Cup Tie).—On August 2nd, at Honor Oak Park, we defeated Guy's by a margin of eight wickets, after a game drawn owing to rain, thus regaining one of the many cups lost. Shipton's batting and Dickson's bowling were the features of the game, the latter taking six and seven wickets respectively for 35 and 63 runs. Scores :—

ST. THOMAS'S HOSPITAL.

First Innings.

A. G. V. French, b Tisehurst	10
N. M. Morrisson, b Tisehurst	2
W. Shipton, c Chapple, b Humm	53
A. N. Dickson, b Tisehurst	25
F. S. Hewitt, b Tisehurst	15
J. C. Dovell, b Chapple	4
W. R. Parkinson, c Johnson, b Tisehurst ..	43
W. H. R. Sutton, b Tisehurst	14
A. L. Cooke, b Tisehurst	4
R. B. Abraham, b Tisehurst	9
R. Cox, not out	18
Extras	13

Total 210

Second Innings.

not out	25
not out	11
b Tisehurst	11
b Humm	15
Extras	4

Total 66

GUY'S HOSPITAL.

First Innings.

N. E. Tarr, b Dovell	1
H. Lee, c Dovell, b Dickson	13
J. D. Sauer, c Cox, b Shipton	34
F. C. Hunot, b Dickson	11
H. Chapple, c Hewitt, b Dickson	7
J. S. Johnson, b Shipton	6
V. Townrow, b Dickson	11
C. B. Tisehurst, b Dickson	0
C. A. Wood, b Shipton	5
W. Rutter, b Dickson	0
A. Humm, not out	9
Extras	8

Total 105

Second Innings.

b Shipton	2
c Pariknson, b Dickson	68
b Shipton	0
b Dickson	18
b Dickson	46
lbw, b Dickson	9
retired	0
b Dickson	0
c Abraham, b Dickson	5
not out	0
b Dickson	9
Extras	8

Total 166

BATTING AVERAGES, 1ST XI.

The following batted not less than six times :—

	Total runs.	No. of innings.	Times not out.	Highest score.	Average.
F. M. Neild ...	532	13	2	128	48·3
F. H. Holl ...	258	12	1	90	23·4
W. Weir ...	303	15	0	88	20·2
W. B. Laird ...	342	17	0	132	20·1
L. Meakin ...	259	15	1	55	18·4
E. A. Seymour ...	257	14	0	64	18·3
H. Bowring ...	163	12	1	52*	14·8
H. L. Mann ...	193	16	2	47	13·7
D. M. Gibson ...	162	13	1	48	13·5
F. J. Aldridge ...	114	9	0	23	12·6
W. Shipton ...	54	6	0	29	9·0
S. F. Moore ...	35	7	0	14	5·0

Also batted :—R. L. Barwick, 16, 9, 6, 6*; R. G. Bingham, 3, 0, 3; A. N. Dickson, 25, 9; N. M. Morrisson, 4, 22; H. Treves, 7, 0; R. B. Abraham, 4, 0; W. R. Parkinson, 4, 8; H. C. Devas, 4, 27; N. M. Fergusson, 0, 0; R. Cox, 5; P. T. Harper, 0*; T. G. Starkey Smith, 1.

* Signifies not out.

BOWLING AVERAGES, 1ST XI, 1907.

The following bowled on not less than four occasions :—

	Overs.	Mdns.	Runs.	Wkts.	Av.
H. L. Paddon ...	241·5	66	716	48	14·9
L. Meakin ..	253	28	865	55	15·7
W. Weir ...	148·3	21	540	33	16·3
H. Bowring ...	40	3	178	7	25·4
E. A. Seymour ...	115	12	399	15	26·6
F. H. Holl ..	10	1	32	1	32·0
F. J. Aldridge ...	35	4	160	4	40·0
S. F. Moore ...	7·4	0	44	1	44·0

The following also bowled : A. N. Dickson, 3 wkts. for 57; R. Cox, 2 for 1; F. M. Neild, 3 for 107; R. G. Bingham, 2 for 57; W. Shipton, 2 for 35; W. B. Laird, 1 for 37; H. L. Mann, 3 for 34; T. G. Starkey Smith, 1 for 11; H. C. Devas, 1 for 36; R. L. Barwick, 0 for 4.

2ND XI BATTING AVERAGES.

The following men have played for the 2nd XI this last season, other than men in the 1st XI; some regularly, some on occasion.

	Total runs.	No. of innings.	Times not out.	Highest score.	Average
N. M. Fergusson ..	169	4	1	105*	56·3
H. C. Devas ...	145	4	1	87*	48·5
W. R. Parkinson ...	114	5	1	50	28·5
A. N. Dickson ...	77	4	1	27	25·6
R. G. Bingham ...	87	5	0	56	17·4
W. H. R. Sutton ...	85	5	0	35	17·0
R. B. Abraham ...	31	4	2	13	15·5
E. H. Marshall ...	45	4	1	19	15·0
A. G. V. French ...	81	6	0	41	13·5
A. I. Cooke ..	65	5	0	31	13·0
J. Glascoo ...	22	3	1	11*	11·0
R. Cox ...	42	5	1	18*	10·5
N. M. Morrisson ...	32	6	1	10*	6·4
E. G. Fisher ...	11	3	0	6	3·6
R. L. Barwick ...	15	6	1	5	3·0

* Signifies not out.

Examination News.

University of Oxford, June, 1907.

FIRST M.B. EXAMINATION.

Anatomy and Physiology.—D. C. Dobell, Clive Newcomb.

SECOND M.B. EXAMINATION.

Pathology.—C. D. H. Corbett, G. R. Girdlestone, J. Wallace.

Forensic Medicine and Hygiene.—J. Wallace.

Medicine, Surgery, and Midwifery.—H. B. Billups.

University of Cambridge, June, 1907.

THIRD EXAMINATION, PART I.

Pharmacology and General Pathology.—W. Harmens, H. E. Humphrys, L. Meakin, L. B. Perry.

University of London, July, 1907.

PRELIMINARY SCIENTIFIC EXAMINATION.

Part I.—F. J. Humphrys, P. H. Mitchiner.

Inorganic Chemistry and Experimental Physics.—D. M. Gibson.

Experimental Physics.—A. F. Potter.

Biology.—E. G. Saunders.

Part II (Organic Chemistry).—M. W. Littlewood, C. F. Schuler, F. R. B. Skrimshire, H. H. V. Welch.

INTERMEDIATE EXAMINATION IN MEDICINE.

J. S. Hopwood (Distinguished in Pharmacology), M. L. C. Irvine, E. H. Jones, B. C. Maybury (bracketed equal for Scholarship in Anatomy), W. L. Pink.

M.S. EXAMINATION.

T. Perrin, M.D.

Royal College of Physicians, London, July, 1907.

M.R.C.P.

V. S. Hodson, B.A., M.B., B.Ch. Oxon; E. A. Ross, M.A., M.D., B.C. Cantab.

Conjoint Board, July, 1907.

FIRST EXAMINATION.

Chemistry and Physics.—F. C. Cowtan, A. R. Esler, M. S. Esler, H. Mahmud.

Elementary Biology.—A. R. Esler, P. C. C. Fenwick, C. W. Treherne.

Practical Pharmacy.—C. V. Anderson, S. V. Appleyard, G. N. Brandon, H. L. Mann, E. H. Marshall, J. K. Milligan, H. L. Paddon, W. R. Parkinson, A. C. Paterson, A. S. Pern, H. L. H. Steele, W. F. Sutcliffe, W. P. Tindal-Atkinson, T. A. Weston, A. White, H. White.

SECOND EXAMINATION.

Anatomy and Physiology.—F. C. Alton, G. C. Birt, R. S. Overton, W. Shipton.

FINAL EXAMINATION.

Medicine.—A. C. Anderson, C. T. V. Benson, J. A. Clark, C. D. H. Corbett, *W. Deane, *J. E. Ellicome, N. M. Fergusson, G. R. Girdlestone, N. W. Jenkin, M. H. E. R. Montesole, H. R. Moxon, E. E. T. Nuthall, S. E. Whitnall.

Surgery.—*R. L. Barwick, J. A. Clark, *G. W. M. Custance, *W. Deane, *H. C. Devas, *A. W. C. Drake, *S. R. Gleed, H. L. Grabham, J. L. Graham-Jones, *H. Granger, *W. A. Morton Jack, J. B. Mennell, E. M. Parsons-Smith, G. H. Pridham, *G. A. Simmons, *F. O. Spensley, *H. T. Treves, *J. F. Windsor.

Midwifery.—*R. L. Barwick, *R. G. Bingham, N. W. Jenkin, R. A. Morrell, E. E. T. Nuthall, W. J. Petty, C. F. O. Sankey, *W. G. H. M. Verdon, H. A. F. Wilson.

* These gentlemen have completed the Final Examination.

Society of Apothecaries of London, July, 1907.

Medicine (Section I) and Forensic Medicine.—J. Brierley.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—*London Hospital Gazette, St. Bartholomew's Hospital Journal, Guy's Hospital Gazette, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Middlesex Hospital Gazette, The Broadway (Westminster), All India Hospital Assistants' Journal, The Hospital, Royal A.M.C. Journal, The Stethoscope.*

St. Thomas's Hospital Gazette.

No. 8.

NOVEMBER, 1907.

VOL. XVII.

Hospital Notes.

We had hoped to publish in this month's issue Dr. Perkins' presidential address at the first meeting of the session of that Society, with which the GAZETTE itself is most intimately connected. The address is one of great interest, dealing, as it does, with a problem which, though even yet not definitely solved, is of the very first importance, since with its solution the nature of the prophylaxis of tuberculosis is so closely associated. Dr. Perkins was listened to throughout with the closest attention, and the very informal discussion which followed might have been much prolonged had time and place allowed. We intend, with his permission, to publish the address in a supplementary form with our December number.

* * *

On Thursday, October 31st, Professor Osler, at a meeting of the Medical and Physical Society, delivered a lecture on the "Medical Students' Library," before a crowded audience. He arranged his subject matter under four heads, and after referring briefly to the libraries of the "Heart," "Head," and various "Epochs," spoke at some length on the library of "one's own medical school." It is safe to say that though the names he dealt with were as household words to those present, few, if any, had a first hand acquaintance with the writings of the earlier ones. Akenside, Wharton, Cheselden, Mead, Lettsom, Simon, Peacock, Rainey, Ord, Murchison, Bristowe, and Miss Florence Nightingale all added their quota to the list, their characters were briefly sketched, and certain of their productions commented upon and handed round. The poetic propensities of past and present physicians were treated in a lighter vein, while the suggestion that perhaps even now in the medical school some poetic spirit lingers, was to the initiated not without its charm.

* * *

Dr. Perkins, in asking Professor Osler to accept the thanks of the Society for his most interesting address, referred to portions of an extract from our pages of some years ago. This extract took the form of an "Examination Paper on Osler," and was published in the Gazette of 1902. The paper in question (which was the offspring of two eminent pathologists and a clinical physiologist) created a considerable

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amount of interest at the time, and an American edition with some supplementary questions was also circulated. We have been asked to furnish a reprint for the benefit of those who have not a copy of the original in their possession. At the meeting Professor Osler expressed the opinion that question 12 (a) had no answer, and was inserted only for the purpose of still further taxing the ingenuity of the reader. We believe that a reference to page 771 of the fourth edition will direct attention to a possible explanation of the problem. The questions marked with an asterisk are the interpolations of American scholiasts.

AN EXAMINATION PAPER ON OSLER (4TH EDITION).

There seems to be a certain monotony about medical examinations, so we suggest the following, by way of variety :—

- 1.—Who was Mephibosheth? What parental superstition dates from his time?
- 2.—What is "one of the saddest chapters in the history of human deception?"
- 3.—Give Osler's quotations from the following authors:—John Bunyan, Byron, John Cheyne, George Cheyne, Montaigne. Explain the context where necessary.
- 4.—Describe, if necessary with the aid of diagrams, Kemp's double current rectal tubes. What are the indications for their employment?
- 5.—Give in full the name of "the distinguished old Bath physician." At what period did he flourish, and what is his claim to distinction?
- 6.—As a sequence to what therapeutic procedure did the son of Professor Langerhans die? What was the pathological and medico-legal interest of the case?
- 7.—What is the chief recorded complication of a lay committee meeting at St. George's Hospital?
- 8.—Who was convinced that more wise men than fools are victims of gout? Is there any reason why he, in particular, should hold that view?
- 9.—What cases drift to "museums and side-shows"?
- 10.—How did Trousseau's patient make money?
- 11.—What celebrated English physician preferred to die in harness? State the cause of death.
- 12.—What internal evidence is there :—
 - (a) That Osler has had an unhappy experience with cheap bicycles?
 - (b) That he is interested in the history of Napoleon Buonaparte?
- 13.—What is O. Rosenbach's dictum on the custom of wearing stays?
- *14.—Quote Hunter's famous advice to Jenner.
- *15.—What was the counsel of Rondibilis to Panurge?
- *16.—How did Eryximachus treat the hiccough of Aristophanes?

- *17.—Give the references to Lady Mary Wortley Montagu, President Jefferson, Jerome Cardan, the Elder Scaliger, Captain Catlin, Laurence Sterne, Thomas King Chambers, Robert Druitt, and Colonel Townshend.
- *18.—What did Strabo call "the lisping of the gout"?
- 19.—Give the context of the following quotations, and make explanatory remarks if necessary :—
- (a) Cases are given after nearly every one of the specific diseases.
 - (b) I saw, some years ago, one of the most distinguished gynaecologists of Germany perform laparotomy in a case of this kind.
 - (c) The doses given by the late Alonzo Clark, of New York, may be truly termed heroic.
 - (d) In a somewhat varied *post-mortem* and clinical experience, no instance has fallen under my observation.
 - (e) A history of gorging with peanuts.
 - (f) I have seen Murchison himself in doubt.
 - (g) A toad-like caricature of humanity.
 - (h) From the accurate view of Laennec and Louis the profession was led away by Graves, and particularly by Niemeyer.
 - (i) One of the most powerful enemies of the American stomach at the present day.
 - (k) I had a lesson in this matter which I have never forgotten.
- 20.—Who was Van Helmont, and when did he live? Give a brief account of his opinion on contemporary medicine.
- 21.—Who made an autopsy on Dean Swift, and what did he report?
- 22.—What interest attaches to :—
- (a) The Pullman car conductor from Chicago.
 - (b) The Appleton-Swain family.
 - (c) Yellow cakes at Philadelphia.
 - (d) Chancellor Ferrier.
 - (e) Master McGrath.
 - (f) Renforth the Oarsman.
 - (g) Shattock's patient.
- 23.—Who had a translucent head? What was the pathology of the condition?
- 24.—On what occasion was a surgeon entrapped by a neurotic physician?

D. M. S.

* * *

We have again to offer our congratulations to successful candidates for the M.R.C.P. examination. This time three Thomas's men (out of a total of nine) gained the distinction, viz., Dr. J. P. Hedley, Dr. M. A.

Cassidy, and Dr. R. C. Jewesbury, now Medical Registrar at Charing Cross. At Oxford Dr. A. E. Boycott has added to his already formidable list of academic distinctions by annexing the Radcliffe Prize for 1907, while the work of Dr. A. G. Gibson (they are old opponents) receives honourable mention.

* * *

A new departure this session in the Medical School work is the introduction of formal Anatomical Demonstrations. These are held daily, and appear to be welcomed, not only by men in the dissecting room, but also by those in the Hospital, judging by the number who attend. Only those who desire it are subjected to active interrogation.

* * *

A reference to the "Club News" columns can now be made with some satisfaction. First and foremost this year are the doings of the Rugger Team. So far six matches have been played, and all except one (a mid-week match) have been won. This result is perhaps a little better than it should have been, for in the match with Rosslyn Park it was only atrocious place kicking on the part of our opponents that saved us from defeat. But be that as it may, matters are on quite a different footing this year to what they have been for some time past. As to cup tie prospects it is, of course, as yet, too early to speak, especially as our ranks should be still further reinforced after Christmas. According to the latest accounts of "availables," about which the recent alterations in the regulations for inter-hospital fixtures caused some doubt, Bingham should still be in a position to lead the forwards. This is especially satisfactory as he is this year playing a great game, and far in advance of his form for some time past.

* * *

The faults of the team are glaring and obvious. The forwards are brilliant in the loose, but as they get the ball on an average of about once to their opponents' ten times, they expend an amount of energy in shoving when their opponents have got the ball which would be largely unnecessary if they learnt to get something of a shove on *before* the ball was placed in the scrum. The halves are slow at getting the ball away, and are not assisted by the fact that it usually trickles out at the side. They also still insist, when there is no chance of getting an opening, of carrying the ball across the field, instead of at once passing out and giving our pacey wings a chance. The three-quarters as a quartet are distinctly fast, but rarely adopt a sufficiently oblique alignment, so that, as they take some time to get going, their opponents are usually upon them directly they receive the ball. They have not as yet been allowed to show what they really can do, though their defence, thanks

largely to Rae's example, has already somewhat improved. Finally, we appear at last to have discovered a back who can both field the ball, kick well, and tackle strongly. Especially when he begins to find touch more surely, and also to make an occasional opening for his three-quarters, he should develop into the soundest full back we have had for years.

* * *

The Soccer team record to the time of writing is one win, one drawn game, and two defeats. It should in fairness be added that the Rugger fifteen have lately been recruiting from the ranks of the Soccer men, and have thus been supplied with some much-needed fresh blood. The Rugger A team and their energetic secretary are entering upon a record of unbroken triumphs. The B team still exists. Things as a whole, then, look cheery. Now there is a gloomy room in the basement of the Club, known as the Gymnasium. It possesses a floor of the hardest and most unyielding cement that we have ever stepped upon: the place consequently wears at times a deserted look. This is regrettable, as the addition of a false wooden floor upon the existing cement basis could readily be made: the architecture of the place is all in favour, and the result would be a great addition to its value as an exercise ground. We believe that a representation to the proper authority would result in some such procedure being carried out.

* * *

Mr. Clutton has been appointed an Elector to the Professorship of Surgery in the University of Cambridge.

Dr. Fairbairn has been co-opted as a member of the Board of the Faculty of Medicine of the University of Oxford for two years.

Mr. J. H. Yearsley, B.A. Oxon, M.R.C.P., F.R.C.S. Edin., has been appointed Ophthalmic Surgeon to the Royal Boscombe and West Hants Hospital.

The following recent appointments have also been gained:—

Dr. H. S. Singleton, R.M.O., British Lying-In Hospital.
Dr. A. C. H. Suhr, H.P., Seamen's Hospital, Greenwich.
Dr. S. W. Grimwade, Casualty Officer, Shadwell.

* * *

Dr. R. J. H. Cox sails for India about the middle of November to take up his duties as Medical Missionary at Peshawr, where two old St. Thomas's men are already stationed, viz., Dr. A. C. Lankester (H.S., 1890), and Dr. L. E. Wigram (H.S., 1903), though the latter is at present home on leave. Lieut. F. D. G. Howell, R.A.M.C., also sails for India at the end of this month.

The following have recently been seen about Hospital :—

Dr. F. G. C. Arnold (late Obstetric Tutor), from Fiji.

Dep. Inspector-General T. D. Gimlette, R.N.

Dr. S. R. Gibbs, Barnstaple.

Dr. H. H. Scott, Ludlow.

Dr. G. W. Harrison.

Capt. J. N. Walker, I.M.S.

* * *

We note that Dr. Preston King, of Bath, and Dr. George Philip Francis, of Brecon, have both attained municipal honours ; and regret to record the death of Dr. Frederick Albert Stabb, of St. John's, Newfoundland.

* * *

PRESENTATION TO MR. W. F. HASLAM, F.R.C.S.

At a special meeting of the Birmingham Medical Benevolent Society, held on July 11th, at the Medical Institute, Mr. W. F. Haslam was presented with an address and a silver tea and coffee service, kettle, and rose bowl, upon his retirement from the post of honorary secretary of the Society after sixteen years' service. Mr. Haslam entered St. Thomas's Hospital in 1874, and won the Cheselden Medal for 1877-8. The presentation was made before a large number of the members of the Society by the President, Dr. Whitcombe, who said in the course of his address that Mr. Haslam had thrown his whole heart into his work during sixteen years, and that he had shown a great amount of tact, ability, energy, and devotion as honorary secretary. To his devotion and energies the present satisfactory position of the Society was largely due. The President was supported by Sir James Sawyer and Sir Thomas Chavasse, both of whom paid tribute to the unselfish devotion and untiring energy of the late secretary. Mr. Haslam in returning thanks said that he was very grateful for the presentation that had been made to him, and he greatly appreciated the honour they had conferred upon him. He spoke of the work of his predecessors in the post of Secretary, and pointed out what excellent work the Society was doing, and how that it performed it in a quiet and unobtrusive way. During his term of office the number of members had increased from 300 to 400, but he was disappointed and surprised that more medical men had not joined, for the Society ought to be supported by all members of the profession residing in the district. Dr. James E. H. Sawyer, an old St. Thomas's Hospital man, was appointed honorary secretary in the place of Mr. Haslam.

Hints for the Homely.

FROM THE "EVENING STANDARD."

"To know a good lobster, a simple test is that of grasping the curled-up tail and gently putting it straight. If the lobster is perfectly fresh and in good condition for eating, the elasticity of the joints will cause it to relax automatically when the hold is released."

We submit a few further suggestions, the careful application of which may save the householder many a nasty attack of ptomaine poisoning.

I.

To become acquainted with a reliable rabbit, an easy method is to grasp the defunct rodent by the fur and to allow it to fall from an upper window on to the flagged court yard. Should the suspected carcase bounce back and strike one on the face, or even burst with a detonating report, it will be found too "gamey" for even the most 'jaded palate, and should be deposited on a neighbour's rubbish-heap.

II.

To ascertain whether the smoked haddock, purchased at the Village Stores, is fit for the breakfast table, a sound procedure is to drop the desiccated denizen of the deep behind one after walking some distance along a railway tunnel. If on turning round the fish is perfectly apparent by its luminosity in the dark, it is wise to relegate it to the servants' hall, and fall back on porridge for the matutinal repast.

III.

One is sometimes in doubt as to whether the last crate of Bulgarian eggs shipped by the local grocer are not more suitable for the orchid house than the omelette. A decision may be most expeditiously arrived at by breaking one of the suspected ova into a tumbler, and, after deftly flinging it at the back of the palate, swallowing it at a gulp. The egg, if good, may be retained, but if bad should most certainly be taken back to the shop.

IV.

Has the passing thunder storm turned the milk in the larder sour? A simple test is to pour a spoonful into baby's mouth, and observe if the face twitches.

V.

It must have often struck the nervous householder as he retires for the night, and gazes upon the outstretched form of the watch-dog upon the mat—does Fido sleep? Have the bits left over from dinner been too much for even his iron stomach? Or, horrible to think, has

he been poisoned by the subtle strychnine steak of the prowling burglar? One can be easily assured as to whether death or sleep reigns in that faithful but flea-bitten form by approaching the apparently moribund carnivore, and, raising one of its eyelids with the fore-finger, allow a few drops of molten wax from the guttering candle to fall upon the cornea. A less scientific, but equally reliable, method is to place the right heel carefully on the animal's tail, and, raising the left foot from the ground, to whirl round rapidly. The signs are unmistakable!

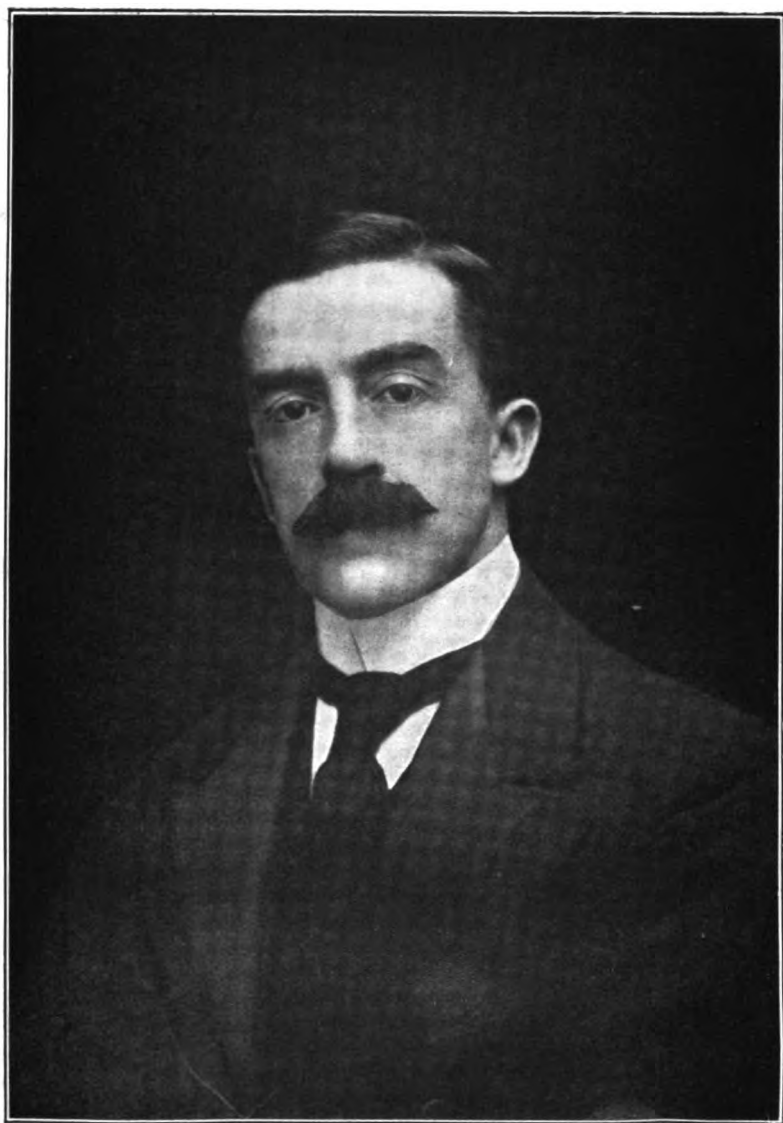
First Impressions of St. Thomas's.

BY AN EX-PATIENT.

THE first thing I remember is that I was lying on a sort of bed in a large white room with a high ceiling. A strange, regular, grunting noise came from the other end of the bed. There were wonderful brass and copper things, all bright and shiny, at one end of the room. The room was hot, so I was not cold. About ten people stood round my bed, all more or less gaping at me. They wore long white garments and white caps, and two or three wore gloves. I remember wondering why on earth they wanted gloves! Some of the people had much bigger caps than the others, large white turbans all folded up and stuck together with safety pins. I noticed that these persons regarded me with more interest than the small-capped ones did, and they smiled at me in a most affectionate manner.

Looking round with interest at my strange surroundings, I perceived with horror that at the end of the room a solid wall of people, rising in rows one above the other, were staring intently at myself! I had always understood that staring was rude, and, considering the state of my toilette (I was a trifle—well, *décolletée*), I found this marked attention peculiarly embarrassing. As things seemed rather at a standstill and nobody spoke, I thought I might create some diversion by crying, so I did, lustily. Would you believe it, everybody smiled! I felt rather hurt, as I wanted sympathy, not mockery. To make things worse, one of the people in white, who seemed to be in authority over the others, remarked contemptuously: "There he is; take him away." "*Him*" indeed! I had rather been called "*It*." I was then picked up like an empty dressing-tin and wrapped in a horrid blanket, all rough and prickly. Ugh! How it did tickle!

My next clear recollection is that I was in a nice warm little bed near a fire in a small room. I felt nice and comfy, and at peace with all the world. I was just dropping off to sleep, dreaming of soap and



J. J. PERKINS, Esq., F.R.C.P.,
President,
St. Thomas's Hospital Medical and Physical Society,
1907-1908.

hot water, when I heard a voice say: "O you ducky thing! Nurse, do look at her. Isn't she a darling?" I woke up with a start and saw three or four people looking down at me. They wore white aprons and caps and sort of stripy dresses. They were very wonderful, and I thought at the time that they were angels. I know better now. One of them (a very tall one) appeared to be showing me off to the others. I heard afterwards that she was responsible for my general welfare, and to do her justice, she looked after me very well. What must these tiresome people do but pull me from my nice warm bed, fondle me, paw me about, and actually kiss me! It makes me shudder to think of it! At last they were satisfied, and I was once more in my little cot. I had not been asleep five minutes when I was disturbed again. This time the tall one had two different ones with her. Their dresses were dark blue covered all over with little white spots, and they did look so important! I was quite awestruck. Each of them gave me a kiss, and insisted on holding me for some time. At last they left; I *was* glad. But, alas, my slumbers that night were destined to be very broken. Throughout the whole of the evening, from nine till 12.30, a constant stream of similar visitors were dropping in every two or three minutes. I was lifted about, squeezed, patted, kissed, till I felt extremely ill. I was called a "dear," a "sweet baby," a "ducky-wucky thing," and I don't know how many more ridiculous names. Both stripy ones and dark blue ones came, but the dark blue ones were far the worst. Never shall I forget that night! However, it was over at last, and I sank into troubled slumber towards the small hours.

Next morning I felt a total wreck, and no wonder. Several people came in to see me, and would have lifted me up, but the tall one said, "No, I will not have her disturbed; she had quite enough last night." Now the wrath of the tall one is terrible, so I was left alone. Wasn't it nice of her?

I don't think there's much more to talk about; everyone was very attentive and kind (after the initial excitement had subsided), and my days were singularly uneventful. There was a certain monotony about my meals which, I must confess, began to pall after some time; I got to hate the sight of that old bottle!

Some day, perhaps, I shall visit St. Thomas's again, just to see that everything is going on all right. Do you think they will make as much fuss over me as they did this time? I doubt it.

ADELAIDE THOMASINA.

A Case of Angio-Neurotic Oedema,

WITH SOME REMARKS ON THE PATHOLOGY OF THE DISEASE.

By G. D. FRANKLIN, B.A., M.B., B.C. CANTAB., CAPTAIN I.M.S.

EXAMPLES of this disease are, I believe, of sufficient rarity to warrant the publication of the following case, which came under my observation before I left Shillong in February last. Dhani Ram was enlisted in Nepal in 1905-06. He belongs to the artizan class, and was specially enlisted with a view to his becoming one of the regimental armourers. Prior to his arrival in Shillong, he stated that he had never been ill except occasionally with fever, which was presumably malaria, from which practically all men recruited in Nepal have suffered at some time. He had the typical Gurkha build, and was of fine physique. Between March, 1906, and January, 1907, he came to hospital on fourteen occasions. On two of these occasions he was suffering from malarial fever only. The remaining times he complained of a swelling. On eleven occasions this swelling was situated on the face, and once the right hand only was affected. The neighbourhood of the right eye was affected three times; that of the left eye twice; both eyes once; the right side of the face three times, and the left side twice. Nothing abnormal was detected in the chest or abdomen. The urine was repeatedly examined, and both chemically and microscopically was normal. On none of the occasions could the swelling be attributed to an insect bite. Under these circumstances the disease was considered to be an example of angio-neurotic oedema. These attacks were unassociated with fever or any gastro-intestinal disturbance. I made very careful enquiries with regard to the latter, as to whether any special article of diet, or excess either of food or alcohol brought on an attack, but with a negative result. The man stated that none of his family had ever suffered from a similar disease. The swelling in all cases came on gradually, but there was no periodicity about the attacks, nor did they begin at any special time: sometimes coming on during the day, sometimes at night. There was no pain, but only a feeling of stiffness and heaviness over the part affected. On no occasion were there any purpuric symptoms. A variety of drugs were tried, but no drug seemed to affect the disease in any way. The pathology of this condition is obscure. Quincke, quoted by Osler, calls it a vasomotor neurosis, under the influence of which the permeability of the vessels is suddenly increased. Undoubtedly this is what occurs, but a vasomotor neurosis does not take us very far. The old idea of neurotic origin for so many processes, both physiological and pathological, is unsatisfactory when one considers the true origin of certain conditions, which were formerly considered to be of neurotic

origin. I may refer to the enlargement of the mammary gland in pregnancy, formerly attributed to a nervous connection between the breast and the uterus, and now proved to be due to a chemical substance derived from the fœtus and placenta (Starling), and to various pigmentations of the skin which occur in disease of various internal organs. It has been suggested lately also that the absorption of a toxic substance from the alimentary canal is the cause of leucoderma (Evans). From the similarity of this disease to urticaria and its frequent association with gastro-intestinal disturbance, which facts are commented on by most writers on the subject, one would expect that the disease might be attributable to the absorption of some toxic substance from the alimentary canal. In this particular instance, however, no such conclusion seems possible, although such a possibility cannot be overlooked, though undetected. Even if the absorption of a toxic substance be the determining cause of this disease it is difficult to explain satisfactorily why the swelling is so circumscribed; as although the parts selected are as a rule those generally associated with œdematous conditions, the swellings by no means confine themselves to those situations, which, moreover, vary from time to time. In this case the swelling was unilateral in all but one instance. Finally, I would venture to suggest that the absorption of a toxic substance is a much more logical conclusion to arrive at as the cause of this disease than a vasomotor neurosis; and that the curious selection of varying situations for its manifestations may be attributed to a temporarily lowered or altered resistance in the part attacked, but that until the determining factor in the localization of other diseases with skin manifestations of varying distribution (for example, leucoderma) be demonstrated, it is impossible to suggest any more definite reason.

The Medical and Physical Society.

SEEING that on the manner in which our present Club Caterers are patronised depends the future success, or otherwise, of our meals: it would perhaps not be out of place to point out that—a really excellent dinner for 2s., surpassed nowhere at the price in the West End, and affording a welcome change to the daily routine fare of Lambeth, and other “digs,” can be obtained on the Thursday evening meetings of the above Society, and thoroughly deserves a more extensive patronage.

Tales from Osker.

I. CONSEQUENCES.

The notorious Duchess of Cleveland met
 my good friend Evans
 in a farm house so constructed as to shut out the sunlight and fresh
 air, and the vestibule was thoroughly screened. The average
 temperature for sixty-three days was about 76° F.
 She had—a sharp nose, hollow eyes, collapsed temples; the ears cold,
 contracted, and their lobes turned out; the skin about the fore-
 head being rough, distended, and parched; the colour of the whole
 face being brown, black, livid or lead coloured.
 He was—ruddy in countenance, but especially the cheeks; the white
 of the eyes very bright and fatty; the point of the nose flat;
 the veins in the temples and neck distended.
 She wore—a rickety rosary.
 He wore—a light flannel cape about the shoulders.
 He said to her: "Persons over 40 eat too much."
 She said to him: "Deception may be practised."
 He said: "Das Blut ist ein ganz besonderer Saft."
 She retorted: "Shut your mouth!—and save your life."
 He gave her—a good big bottle of paregoric.
 She gave him—three sardines à l'huile.
 The Consequence was—she shocked her mother and friends by constantly
 using the word damn.
 And the world said: "The Governor of the State of San Francisco
 showed an amazing stupidity, shared by not a few physicians
 who should have known better."

Books for Review.

OPHTHALMIA NEONATORUM. With Especial Reference to Its Causation and
 Prevention. By Sydney Stephenson, M.B., C.M., Ophthalmic Surgeon to
 Queen Charlotte's Hospital, London; etc. George Pulman and Sons, S.

This is the Middlemore Prize Essay for the present year, and is embodied
 in a book of 246 pages.

In the introduction Mr. Stephenson handles clearly a large number of
 statistics from British and Foreign institutions. He considers that, since the
 introduction of Credé's method of prophylaxis, 1 per cent. of ophthalmia neonatorum
 may be taken as a standard, which when exceeded calls for some explanation.
 The comparison is not always in our favour. It is also pointed out that the
 proportion of cases coming up for treatment to British eye hospitals is more than
 double that in America and other countries.

It is to be hoped that the facts he brings forward about so preventable
 a disease may be widely known, and thereby help to bring about that legislation
 which was recommended by the Ophthalmological Society, over 20 years ago.

The etiology and prevention of the disease are discussed at length, and
 stress is laid on the latency of gonorrhœa both in the male and female. Two-
 thirds of the cases, he points out, are of gonorrhœal origin. He suggests that

the most frequent site of inoculation is during the passage of the infant's head through the vulva. As regards a preventive application, the author gives his preference to a 1 per cent. solution of silver nitrate. He also enjoins careful cleansing of the vulva, and the washing of the infant's head in different water to that used for the rest of the body.

Mr. Stephenson considers the suggestions made on the notification of the disease, the instruction of students and midwives, etc. He also discusses the gratuitous distribution of an efficient solution for prophylaxis. This seems to savour somewhat of the Socialists' Utopia, and we do not think that calf lymph and antitoxin are supplied on quite the same grounds. Sixteen pages are devoted to the treatment of the disease and its complications.

The book abounds in tables and references to the various sources of information. The latter might possibly, for the advantage of the general reader, have been relegated to an appendix. Among the tables is a collection of cases of *ante-partum* ophthalmia. The book is well printed, and is published by Messrs. George Pulman and Sons.

HYGIENE AND PUBLIC HEALTH. By Louis C. Parkes, M.D., D.P.H.Lond., and Henry R. Kenwood, M.B.Edin., D.P.H.Lond. H. K. Lewis, 10s. 6d. net.

There is something curiously indistinctive about the Public Health Text-book which makes it unusually difficult to review, especially when it has reached its third edition, and when ignorance of its predecessors forbids a comparison. As to the externals of the book before us; the binding is attractive, the illustration good, the paper and type excellent. Beyond this there is little to be said. We are carried in turn through the conventional sections on water supply, ventilation, disposal of refuse, etc. We are warned against the Long Hopper and the D trap, and are convinced. We are frankly puzzled by, and marvel at, the mathematical skill evidenced in the calculation of avoidable and recognised statistical errors, and are refreshed by a survey of the diagram which depicts the various form of wells.

There is a short special chapter on School Hygiene, and the concluding pages deal with Sanitary Law and Administration.

NERVE DISEASES. By L. A. Clutterbuck, M.D., B.S.Durham, M.R.C.P.London. The Scientific Press, Ltd. Press 3s. net.

A small condensed work of about 250 small pages, with a readily detachable cover. The first few chapters deal with the anatomy of the central nervous system, the next with methods and means of investigation, and the remainder with a classification of diseases, which is the usual classification and short remarks on each clinical entity which are much the same as those found elsewhere. The paragraph headings, in most cases, deal with etiology, pathology, morbid anatomy, symptoms, diagnosis, prognosis, treatment, so that each disease is more or less symmetrically tackled.

There seems to be less space devoted to nervous disease in this book than is supplied in the ordinary text-book, but it presents its wares in a complete and handy form, which is easy to carry about, and by means of which any student should be able to equip himself at any rate with a basis upon which his future experience may build.

THE REDUCTION OF CANCER. By the Hon. Rollo Russell. Messrs. Longmans, Green, and Co. 1s. 6d. net.

This is a philosophical attempt to solve the problem of the etiology of cancer. The author is at considerable pains to convince himself that cancer and civilisation go hand in hand—wild animals and savages are comparatively free—civilised man and the domestic beast alike fall ready victims. And the difference lies in the diet. Local irritation in the way of a rough tooth stump may cause a local focus of disease; an internal stimulus, if not exactly similar, has a contri-

butory effect in the same direction. The question of prophylaxis, then, is really one of diet reform—flesh, tea, coffee, beer, and tobacco must all go, or at any rate be reduced to an unspecified minimum. One's feelings after reading such an essay find expression in a condemnation of the original sin-fallacy of *post hoc, ergo propter hoc*. It all sounds very plausible and possible, but still we must confess to remaining sceptical to the last.

SOME SUCCESSFUL PRESCRIPTIONS. By A. Herbert Hart, M.D. John Bale, Sons, and Danielsson, Ltd. Price 1s.

We are presented here in a nicely got up but unnecessarily large paged paper-covered book with some sixteen of the author's prescriptions and his own comments upon them. They cover the ordinary ground of medical practice, and do not appear to possess any particular or peculiar merit—beyond that which the title of the book asserts.

Oxford medical publications are pouring into the market. They appear to be characterised by a total lack of any connection with Oxford or its medical school, and the only possible justification for the title is their connection with the Oxford Press through Frowde. Perhaps "Osler's System" is an exception to the general rule, perhaps it is not. The majority of the manuals issued under the above heading appear to be written by Cambridge men, or at least edited by Cambridge men, and published in London. We append reviews of three of these text-books by members of our own Hospital staff:—

PROSTATIC ENLARGEMENT. By Cuthbert S. Wallace, M.B., B.S., F.R.C.S. With numerous illustrations. Price, 12s. 6d. net. Oxford Medical Publications.

This book contains a detailed account of that very attractive and much discussed subject, "Enlargement of the Prostate," with its various consequences.

The author first clearly describes the anatomy, physiology and pathology of the prostate, substantiating his statements by much experimental and histological investigation, the work being fully illustrated by drawings of and photographs from actual specimens. He then deals with the anatomical characteristics of the "enlarged prostate" and its results.

The chapter on "Bacteriology," by Leonard S. Dudgeon, M.R.C.P., in which the bacteriology of the enlarged prostate and of the urine in such cases is tabulated, is of exceptional interest and of the greatest importance, as showing that bacterial infection is usually a secondary event in cases of prostatic enlargement, and also as disproving the view that "enlarged prostate" is of gonorrhoeal origin.

The author next discusses shortly the etiology of this condition, giving his support to the "neoplastic" origin of prostatic enlargement. The symptoms, diagnosis, and methods of examination are amply set forth. The various methods of treatment and their relative merits are fully discussed, the results of the more recent operative treatment being carefully summarised.

The author shows in his valuable chapter on the "Nature of the Enucleation Operation," both from microscopical examination of the specimens removed during life, and also from the naked eye and microscopical appearances of the parts remaining in fatal cases of prostatectomy, that enucleation by the supra-pubic route is not of the nature of a "total prostatectomy," but consists in the removal of adenomatous growths from the substance of the prostate.

Finally, a chapter is devoted to the consideration of carcinoma of the Prostate and its Treatment.

Anyone reading this book can hardly fail to be struck by the infinite care and trouble which the author has expended in arriving at an intelligible explanation of the nature of "prostatic enlargement," and also of the nature of the supra-pubic operation. The book represents the invaluable experience of a surgeon who has both seen and does much in this branch of surgery.

OPERATIONS OF GENERAL PRACTICE. By Edred M. Corner, M.A., M.C., M.B., B.Sc., F.R.C.S., and H. Irving Pinches, M.A., M.B., B.C., M.R.C.S., L.R.C.P. Price 15s. net. Oxford University Press.

This work is intended to be a guide for the general practitioner, who has not had the opportunity of holding a post graduate surgical appointment in a hospital, and who is desirous of practising the surgical art.

The authors point out how a large number of operations of lesser magnitude may be successfully accomplished in private practice.

Great stress is laid on "asepsis," and the methods by means of which such a state may be readily produced are clearly depicted.

A chapter is devoted to the consideration of anæsthetics, both local and general, with the various indications and contra-indications for their use in individual cases.

Simple methods of performing operations on various parts of the body are next considered in detail.

The authors show how operations such as those for radical cure of hernia and supra-pubic cystotomy, which formerly were regarded as "major" operations, may come within the scope of the general practitioner, provided he adheres rigidly to "asepsis."

The last chapter is entitled "Preparation for Operations," in which rules are clearly laid down for the arrangement of the room in which the operation is to take place and for the preparation of the patient.

The book is well illustrated by comprehensive diagrams, and most certainly justifies the means for which it was intended, and would prove a valuable addition to the general practitioner's library.

DISEASES OF THE MALE GENERATIVE ORGANS. By Edred M. Corner, M.A., M.B., B.Sc., M.C., F.R.C.S. Price 5s. net. Oxford University Press.

The author intends this work to be a practical survey of the diseases of the generative tract apart from those of the urinary tract. A short lucid account is given of the physiology of the "testicle," together with the morbid changes to which the organs of generation are liable, and the appropriate treatment in each case. The chapter on the "Imperfectly-Descended Testicle," and the consequences of this condition, is especially instructive.

THE ELEMENTS OF PHYSICS FOR MEDICAL STUDENTS. F. J. M. Page. Cassel and Co. Price 5s.

It is always a matter for regret when a treatise on such a subject as Physics is compressed between the covers of a small book merely for the sake of meeting the requirements of a preliminary examination. In less than 300 pages we have sections dealing with General Physics, Heat, Electricity, Sound, and Light. The addition of a scheme of practical work is a step in the right direction, as no student can gain more than a useless smattering of Physics without a laboratory course. Our criticism of this book is that it encourages cram, and is by no means easy for the elementary student to assimilate, owing to its scrappy treatment of a big subject. Even in these days of high pressure it is not impossible for a student to read and digest two or three small text books on Physics. Most public school boys on the modern side will have done as much before commencing their medical studies at all. Notwithstanding its disadvantages this book may find admirers, for the facts are accurate and the illustrations clear.

Club Notices.

THE RUGBY FOOTBALL CLUB.

Since our last issue we are glad to be able to chronicle an almost unprecedented state of affairs in the annals of the above club—at least, so far as can be ascertained by a cursory glance through back numbers for some time. The 1st XV have won no less than four out of five matches, London Irish, United Services, and Lennox being included in the slaughter, while the one defeat was met on a Wednesday, when only a scratch team could be mustered. Turning to the "A" XV, an even greater triumph, for in five matches the team has been victorious each time, the R.N.C. "A" being the toughest nut cracked, and only after such a display of good all-round football and keenness that would have astonished spectators of this team's former efforts. With regard to the "B" XV, at the time of going to press, the less said of it the better. It is not as easy as it should be to collect men for a match in this team. The Captain has a worrying time, and his first attempt, against Bedford Grammar School III., was not encouraging, but he will try again; let it be a duty to support him. At the trial game, at Chiswick, on October 5th, 30 men turned out, and 24 others were unable to get a game!

1ST XV v. LONDON IRISH.—This match, played at Catford Bridge on Saturday, October 12th, resulted in a win for the Hospital for the first time for many seasons, by 11 points to 3 points. This is encouraging, and gives hope of an improved season. The Hospital proved superior all round, but lacked finish. It was some time before the Hospital settled down to their game, and the packing was bad. McEvedy, for the Irish, scored the first try, after a good run. Our forwards then carried the scrums, and pressed, Hargreaves dashing over in the corner. Harmens, in a forward rush soon after the beginning of the second half, scored a try. We still pressed, and Skeat, running from half-way, scored our third brilliant try, which Bingham converted. The forwards all played well, but must pack better and heel more cleanly. As a wing three-quarter, Skeat is an acquisition of no mean order; his attack is good, but tackling weak. Hargreaves and Whitehead played well forward, while Meakin, at back, was irreproachable. Bingham and Meek led the forwards well. Team:—L. Meakin, J. G. Skeat, E. H. Marshall, A. J. Rae, T. Bowring, C. C. Petch, J. Crofton, R. B. Abraham, R. G. Bingham, A. R. Hargreaves, W. Harmens, N. W. Jenkins, N. T. Whitehead, W. Meek, W. Rhodes.

1st XV v. R.M.A.—This match, the only one lost by the Hospital to date, was played at Woolwich on Wednesday, October 16th, the resulting score being 3 points to 5 points against us. Four of our men were away. Our men never seemed to get together at all. Play was mostly on the offensive, however, though our three-quarters were unable to hold the greasy ball. Hargreaves scored the only try, while Meakin converted. Meakin and Petch were the pick of the team, which consisted of L. Meakin, J. G. Skeat, E. H. Marshall, L. B. Perry, T. Bowring, C. C. Petch, J. Crofton, R. B. Abraham, N. T. Whitehead, A. R. Hargreaves, W. Rhodes, R. L. Camlen, H. V. Welch, J. Startin, W. Harmens.

1st XV v. EALING.—This match, played at Chiswick on October 19th, ending in a victory for us by 3 goals and 5 tries to a try, as it did, was surprising in that our score was not greater than it was. For after our forwards had taken their usual time to settle down, repeated opportunities to score were thrown away by our three-quarters. Ealing scored first. Then Skeat, after several passing movements, scored twice. Our forwards were now packing well and the ball came out cleanly, but some tardiness on the part of the halves was responsible for a diminution in the score that might have been. Further tries were scored by Skeat, Bingham (2), Petch, Sutton, and Bowring. Sutton made a brilliant run

from half-way, but was unable to ground the ball. His re-appearance in the team was a welcome one, as he played a great game, and fed Skeat extremely well. Team: L. Meakin, J. E. Skeat, W. H. R. Sutton, A. T. Rae, T. Bowring, R. B. Abraham, R. G. Bingham, W. O. Meek, N. W. Jenkins, W. Harmens, A. R. Hargreaves, N. T. Whitehead, and W. Rhodes.

1st XV v. UNITED SERVICES.—Played at Chiswick on Saturday, October 26th, resulting in a win for the Hospital by 19 points to nil. Mr. Battle, our President, kindly gave us his support and evinced a keen interest in the game. Although the Services were also opposing the Harlequins at Portsmouth, as they always run two 1st XV's, their team was of a fairly representative character. The game was all in our favour during the first half. We scored four times through Skeat (2), Rae, and Hargreaves. In the second half we did not show to such advantage, and chiefly by good defence we managed to keep our opponents from crossing our lines. Skeat added another unconverted try before time was called. He played a great game on the offensive, but was weak in defence. Sutton, Meakin, Bingham, Hargreaves, and Whitehead also call for special mention, while Rae's tackling throughout was superb. The forwards as a whole, especially in the second half, were, to say the least, disappointing, for in spite of superior weight, the ball was frequently kicked on to the opposing forwards' feet in the scrum, and when it was obtained it was let out at all points of the compass, making the work of the halves extremely difficult. In the open the work was excellent, however, in spite of two injured men. Team:—L. Meakin, J. Skeat, J. Rae, W. Sutton, T. Bowring, J. Crofton, C. Petch, R. Abraham, R. Bingham, W. Meek, A. Hargreaves, N. Whitehead, N. Jenkin, W. Harmens, W. Rhodes.

1st XV v. LENNOX.—Played at Wandsworth on Saturday, November 2nd, and resulted in a win for the Hospital by 3 tries to 1. Lennox kicked off and pressed, but by a series of loose scrums and rushes, play was brought to the Lennox twenty-five, from which their wing three-quarters ran strongly and scored their only try, within fifteen minutes of the commencement of the game. On resuming, Whitehead was conspicuous with his feet, and the ball being picked up from the loose and passed to Rae, the latter transferred to Sutton, who scored far out. Bingham failed to convert. After the drop out, Meek dribbled finely and a try should have resulted, but no one backed him up. Just before half-time Rae cleverly intercepted a pass, and after a run passed to Wheeler, who was pulled down on the line. On changing ends Rae picked up in the loose, drew his man, and passed to Skeat, who scored wide out. Meakin, who played well all through, was now called upon to stop some ugly rushes, and Skeat effected a fine save from what must else have been a certain try. Sutton scored again from Devas, who showed a return of his old turn of speed and skill. A good bout of passing nearly resulted in Wheeler scoring from Bingham and Rae. In the scrum the packing was bad; there was too much winging and too little honest work; the foot-work in the scrum was terrible, the ball frequently coming out at the side or being presented to their opponents. But the Hospital had the best of the game, and were pressing when the whistle for "no side" blew. Team: L. Meakin, J. Wheeler, J. Rae, W. Sutton, J. Skeat, C. Petch, H. Devas, R. Abraham, R. Bingham, W. Harmens, W. Rhodes, A. Hargreaves, N. Whitehead, W. Meek, N. Jenkins.

"A" XV v. ROSSLYN PARK "A."—This match, played at Chiswick on October 12th, ended in a victory for the Hospital by 8 points to 3 points. The visitors arrived two short, and Weston and Foley both played good games for them. It was a keen game throughout, though we being mostly on the offensive had rather the better of exchanges. French opened the scoring from a scrum on their goal line, and later Perry dashed under the posts, Startin converting. Team:—O. F. B. Cory, D. M. Eilson, R. E. Priest, L. B. Perry, J. N. Wheeler, A. G. V. French, F. R. B. Skrimshire, C. T. V. Benson, R. Cox, E. G. Fisher,

P. Harper, J. Startin, H. V. Welch, J. Wilkinson. Gibson and Cox were the pick of the team, the latter being prominent in the loose. J. K. Milligan was included in the team, but a wire from him announcing his enforced absence owing to an "interesting event," arrived before we started, and though we were one short on the field, in a flat not far away, a boisterous, if not enthusiastic supporter had been added to our ranks!

"A" XV v. EALING "A."—The 19th of October was indeed "a day out" for the "A," which vanquished Ealing by no less than 29 points to nil. In the game itself there was nothing of note. Priest, Startin, and Cory played well. Tries were contributed by Priest (4), French (2), Welch, Harper, Startin, Skrimshire, and Gibson. Startin, Irvine, and French each converted once. Team: M. L. C. Irvine, J. N. Wheeler, D. M. Gibson, F. R. B. Skrimshire, R. C. Priest, A. G. V. French, E. A. Seymour, J. Startin, P. Harper, C. T. V. Benson, R. Cox, O. F. B. Long, T. A. Weston, and H. V. Welch.

"A" XV v. MOLESEY "A."—At Thames Ditton on October 26th the "A" won again, by 6 points to 3 points. The game was a hard and fast one throughout. Weir scored soon after the start and they responded, neither being converted. Matters were of a very even character when our opponents were penalised in front of goal for "offside" play. Startin making good use of this by kicking a goal. Seymour was excellent out of touch. Teams: M. L. C. Irvine, R. C. Priest, E. H. Marshall, F. R. B. Skrimshire, L. B. Perry, A. G. V. French, W. Weir, O. F. B. Cory, C. T. V. Benson, P. Harper, J. Startin, N. M. Fergusson, E. A. Seymour, A. R. Esler, C. W. Treherne. The latter played a good game at half—for our opponents.

"A" XV v. R.N.C. "A."—At Greenwich on Wednesday, October 30th, before a large gate, the "A" XV excelled itself. Never have we known it play to greater advantage. The forwards packed tightly and heeled well, the outsiders passed, repassed, and tackled like New Zealanders, while Irvine played the game of his life. It was a fast hard-fought game from start to finish. Hargreaves led the forwards well, and seemed by his boundless resource and play to instil into the minds of the pack more keenness and energy in one hour than forcible argument has done in a season. Rhodes (1 try) and Marshall (2 tries) both played extremely well. Hargreaves converted one try. Our opponents scored also twice, making the final scores, 11 points to 6 points. Team: M. L. C. Irvine, L. B. Perry, E. H. Marshall, F. R. B. Skrimshire, D. M. Gibson, A. G. V. French, W. Weir, O. F. B. Cory, R. Cox, C. T. V. Benson, P. Harper, A. R. Hargreaves, T. A. Weston, H. V. Welch, W. Rhodes.

"A" XV v. STREATHAM "A."—This match at Chiswick, on November 2nd, came as a recreation after our hard game on Wednesday, and we regret to say we availed ourselves of it, for after scoring three times (Starkey-Smith, Perry, and Fergusson) in the first half—Startin (2) and French (1) converting—and finding in our opponents a weak side, we "slacked" abominably, and it seemed that no effort at all was made to cross our opponents' line again, and only a half-hearted outburst now and then to prevent them crossing ours; albeit it was enough. Barwick had the misfortune, while turning out as a sportsman, to fracture his right clavicle. Team: M. L. C. Irvine, R. C. Priest, F. R. B. Skrimshire, T. G. Starkey-Smith, L. B. Perry, A. G. V. French, W. Weir, O. F. B. Cory, C. T. V. Benson, R. Cox, P. Harper, J. Startin, E. Rhodes, R. L. Barwick, H. V. Welch.

"B" XV v. BEDFORD GRAMMAR SCHOOL III.—

C. Treherne with fourteen men

Went by train to "Beds,"

Lost the match by seventy-one,

Oh! what ——— "Meds."

ASSOCIATION FOOTBALL.

ST. THOMAS'S HOSPITAL v. ST. LAWRENCE COLLEGE.—This match was played at Ramsgate on Saturday, October 5th, under splendid conditions. We were unable to turn out in full strength, only seven of the regular members being able to play; but in spite of this we managed to hold our own, winning by 5 goals to 3. The game was good and fast, but towards the end of the game our men seemed to be suffering from want of training. The forwards lacked combination and were very slow in getting on the ball, but the defence was strong, Johnson, Gutteridge, and Meakin, playing a great game. Goals were scored by Brandon (2), Wilson, Lupton, and substitute. Team :—H. L. Paddon; H. White, L. Meakin; F. T. Shackell, W. B. Johnson, G. B. Gutteridge; H. Stobie, substitute, G. N. Brandon. J. P. Lupton, H. B. Wilson.

ST. THOMAS'S HOSPITAL v. BEXLEY.—This match was played at Bexley on Saturday, October 12th, and resulted in our defeat by 6 goals to 3. We again were unable to take the field in full strength, being without Gutteridge, Meakin, Bowes, and Sutcliffe. For the first quarter of the game we proved ourselves superior, scoring twice in quick succession. This seemed to wake up our opponents, who soon put themselves on equal terms with us. We repeatedly had the ball right in front of our opponents' goal, but owing to bad shooting were unable to score. Just before half time our opponents took the lead by scoring from a corner, and after changing ends they added three more, in spite of the fine defence offered by Johnson and White. Stobie played well at outside left, and a few minutes before time our third goal was added though one of his characteristic passes. Team :—H. L. Paddon; H. White, D. E. Dobell; W. B. Johnson, F. J. Humphreys, G. H. Roberts; H. Stobie, C. G. Whorlow, G. N. Brandon, E. M. Lauderdale, H. B. Wilson.

ST. THOMAS'S v. EMERITI.—Played at Chiswick on Saturday, October 19th, and resulted in our defeat by 2 goals to 3. There was nothing much to choose between us in the first half, although our opponents took the lead about twenty minutes after the start; nevertheless, two or three goals should have been added to our credit. In the second half we had the better of the game, Stobie opening our account from a fine shot from the left wing. Our opponents were very fortunate in scoring twice from corners. Wilson played a good game, and was rewarded by getting our second goal. Team :—H. L. Paddon; G. H. Roberts, D. C. Dobell; W. B. Johnson, C. M. Page, G. B. Gutteridge; H. Stobie, W. F. Sutcliffe, R. F. Bowes, G. N. Brandon, H. B. Wilson.

ST. THOMAS'S v. OLD CRANLEIGHANS.—Played at Malden on Saturday, October 28th. Soon after the kick-off, our forwards broke away, and Sutcliffe put in a shot, which was cleared by their goalkeeper. Wilson then received the ball, and, rushing down the wing, put in a well-judged centre, which was nicely placed into the net by one of our opponents. The play after this was chiefly mid-field, but before half-time the Old Cranleighans scored twice, owing to the fine combination showed by their right wing. On resuming play Bowes broke through their defence, and put in a magnificent shot, which gave the goalkeeper no chance. Our opponents shortly after took the lead again, which we quickly responded to by another fine shot from Bowes. After this neither of the teams were able to score, and the game ended in a draw, with the score three all. Team :—H. L. Paddon; H. White, G. H. Roberts; W. B. Johnson, F. J. Humphreys, B. G. Gutteridge; H. Stobie, R. F. Bowes, W. F. Sutcliffe, G. N. Brandon, H. B. Wilson.

Examination News.

University of Durham, September, 1907.

M.D. EXAMINATION (For Practitioners of Fifteen Years' Standing).

Geoffrey Gross, M.R.C.S., L.R.C.P., L.S.A.

Royal College of Physicians.

M.R.C.P. EXAMINATION.

M. A. Cassidy, M.A., M.B.Cantab., J. P. Hedley, M.A., M.B.Cantab.,
R. C. Jewesbury, M.A., M.B.Oxon.

Conjoint Board, October, 1907.

FIRST EXAMINATION.

Practical Pharmacy.—W. Mathieson, E. A. Pywell.

SECOND EXAMINATION.

Anatomy and Physiology.—J. P. Lupton.

FINAL EXAMINATION.

Medicine.—J. L. Graham Jones, O. W. MoSheehy, W. Mathieson, W. J. Petty, O. R. Smale, W. F. Sutcliffe, *A. L. Walters, J. N. Wheeler.

Surgery.—G. R. Girdleston, *F. H. Holl, *H. N. Little, *M. H. E. R. Montesole, *E. E. T. Nuthall, *C. H. L. Petch, *P. L. Stallard, *A. P. Yonge.

Midwifery.—A. C. Anderson, C. T. V. Benson, *J. A. Clark, N. M. Fergusson, H. L. Grabham, R. C. Priest, R. W. Rix, T. A. Weston.

* These gentlemen have completed their Final Examination.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper only.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—*London Hospital Gazette, St. Bartholomew's Hospital Journal, Guy's Hospital Gazette, St. George's Hospital Gazette, Magazine of the London (Royal Free Hospital) School of Medicine for Women, St. Mary's Hospital Gazette, Middlesex Hospital Gazette, The Broadway (Westminster), All India Hospital Assistants' Journal, The Hospital, Royal A.M.C. Journal, The Stethoscope.*

[We have been asked to state that the article entitled "Those Little Stones," in our last issue, was the work of Mr. E. C. Sansom, of Portland.—Ed.]

St. Thomas's Hospital Gazette.

No. 9.

DECEMBER, 1907.

VOL. XVII.

Hospital Notes.

We have to offer our hearty congratulations to Mr. C. A. R. Nitch on his election as Surgeon to Out-patients. Mr. Nitch entered the Hospital as a student in 1894. After qualification he held the usual minor appointments, and, taking his F.R.C.S. in 1902, was appointed Surgical Registrar in 1903. Since then his upward progress must, we think, almost have created a time record. Being duly appointed R.A.S. in 1905, he retired from that exalted position at the end of March this year. Recalled while on his honeymoon in April to act as temporary Assistant Surgeon owing to illness of various members of the surgical staff, he was shortly afterwards appointed Demonstrator of Anatomy. In May he was appointed Surgeon to Out-patients at the Evelina Hospital, and in November Surgeon to Out-patients at St. Thomas's.

* * *

As Resident Mr. Nitch was remarkable for his tireless energy, and four generations of College House will bear witness to his sympathetic leadership as well as to his skill as a *raconteur*. We have never ourselves been privileged to witness his feats upon the golf course, but bearing in mind the smile of sweet content which was the customary complement of his golf clubs we should imagine that they were great. As a teacher Mr. Nitch possesses powers of the highest order, and will help to form in the Surgical Out-patient Department a quartet which, in this direction at least, it should be hard to beat anywhere.

* * *

The Annual Nurses' Conversazione is usually held about the end of January. It is a conglomerate affair, and consists essentially, in addition to the guests—to take last year's effort as an example—of an entertainment in the Governors' Hall, a band in the Central Hall, refreshments in the Out-patients' Department, and side shows in the Main Corridor. The official responsible for its organisation is the R.A. for the time being, and though much of the work to be carried out nowadays has lapsed into routine, he still has plenty to occupy his spare moments. Owing to circumstances, into which we need not

enter, exception has been taken this year to certain items of expenditure which are regarded as extravagant, and apparently official permission will be withheld unless considerable retrenchment is enforced.

* * *

The whole conception of the *Conversazione* is somewhat complex, its finances are a matter of donation and subscription, and a limited number of tickets are issued, about 30 per cent. of which are sent direct to old members of our Hospital Nursing Staff. This we regard as a very admirable arrangement, that sisters and nurses who have left should be the guests of the evening. In addition to this, all subscribers are permitted to have tickets, varying to some extent with the amount subscribed, and each nurse at present in Hospital can ask one guest. But certainly of recent years the numbers present have been largely in excess of tickets used, and if the amount of retrenchment that is demanded is to take place, the Secretary has no choice but to rigidly limit the number of those that attend.

* * *

In the first place it is proposed that the space available for the *Conversazione* shall be considerably diminished. The Governors' Hall (which is singularly ill-adapted for the rapid discharge of its audience) will be used for such entertainment as the ingenuity of the Secretary and local talent can devise. (We might almost suggest that he should pay a preliminary Christmas visit to the Guy's dramatic performance if he is still in search of copy.) The entrance will be *via* the Central Hall; the corridors will be cut off at the level of the staircase of Block IV on the north side and Block VI on the south, and refreshments will be served in the corridor itself. How any movement at all in this very limited area will be effected we do not know, but by circulating freely round the pillars no doubt a certain amount of change will from time to time be indulged in.

* * *

Finally, the Secretary has felt obliged to cancel the invitations which have been issued during the last two or three years to members of the Nightingale Home. Their absence will remove much that is enchanting from the scene, but they may be buoyed with the thought that, by the survival of the fittest, some, at any rate, will gladden our eyes, if not our hearts, next year. There was a suggestion in some quarters that a dance, presumably in the Governors' Hall, would form a cheap and ready form of entertainment to be tacked on to the show downstairs. This suggestion—which, it would be safe to say, would not be countenanced—would, we think, be rightly condemned, since it would introduce an element which is quite out of keeping with the present spirit of the *Conversazione*.

We suppose the unexpected happens as often in hospital life as elsewhere, but the news of Dr. Dean's resignation of the post of R.A.P., which leaked out about the beginning of November, certainly took the majority of those specially concerned by surprise. After acting for one year as Medical Registrar, Dr. Dean was appointed Resident on Dr. Harwood Yarred's retirement last April, so that as his resignation takes place on the 1st of January next, he will only have acted as R.A.P. for nine months. Dr. Dean's own personal predilections are obviously in the line of research work, whether physiological or pathological, and it is to this that he apparently intends to direct his energies after spending some time abroad. His genial smile will be sadly missed in College House, where his fatherly qualities have endeared him to all. We wish him a full measure of success in his future career.

* * *

Among the Sisters too, not a few changes are imminent. Miss Garvey, who has been in temporary charge of Block VIII since Miss Darbyshire resigned, will probably leave towards the end of January, when her place as Sister of Block VIII will be taken by Miss Fleming, the present Sister Alexandra. Miss Carty, who has been acting as Assistant Sister in the Home, has been appointed Sister Alexandra. Miss Read's impending departure from Arthur, which we greatly regret to record, will also bring a series of changes in its wake. Miss Cubitt, after nearly four years in Lilian, will be the new Sister Arthur. We can hardly imagine Lilian without her. As to who is to be appointed Sister Lilian, we can, at present, only conjecture.

* * *

We do not know whether we were represented in the demonstrations following the Brown Dog of Battersea episode. We should imagine, from a knowledge of the schools principally involved, that we were not. It is always interesting, however, to speculate as to the origin of those so-called spontaneous demonstrations which are presumably so admirably adapted to the medical student nature, but which, though perhaps a not unessential part of the life of a university town, are distinctly out of place in a metropolis. Some weeks ago, at the time of the closing of the Earl's Court Exhibition, a letter arrived at the Hospital directed to the Senior Medical Student. Investigation of the contents disclosed a type-written slip directing attention to an alteration in the date of closing the Exhibition, and calling upon St. Thomas's men to turn out in full force, and to see that there was a good row. The note bore the Kensington post-mark, but of course furnished no clue as to its authorship: we give it as an illustration of how spontaneity may be engineered.

Though it is outside our province to intrude within the domestic circles of those who share, at any rate in part, our hospital life, we may, perhaps, be allowed to congratulate both Mr. Corner and Mr. Sargent upon the birth of a daughter. The Medical School is also not backward in this respect, and the rival claims of Master Savage and Master Milligan are only for a time settled by the additional weight which Master Savage's extra three months' territorial existence obviously entails.

* * *

Christmas is upon us almost before we are aware, and but for the official intimation of the Governors that Christmas will this year be celebrated on December 25th, we might tend to overlook its near approach. The Pierrots are again to take the field with diminished numbers, but we hope with spirit unsubdued (we had almost written unimbued). It is apparently etiquette that the tallest Pierrot should act as accompanist, and this year Mr. Maclean's mantle will, we understand, fittingly fall upon Mr. Gamlen's broad shoulders. As last year, a topical song will form a feature of the programme again, written and composed by Mr. H. T. Gray, the present Great Ormond Street R.M.O. (and here we would for a moment digress to congratulate the author on successfully negotiating the final F.R.C.S.). Though the Pierrot performances are primarily for the benefit of the patients and their friends, it is essential that they should be warmly and enthusiastically supported. If this is so, we do not doubt that they will prove as successful this year as they have been in the past.

The Paths of Infection in Tuberculosis.

By J. J. PERKINS, Esq., F.R.C.P.

A PRESIDENTIAL ADDRESS DELIVERED BEFORE THE MEDICAL AND
PHYSICAL SOCIETY.

. . . . The present is a peculiarly appropriate time for the subject I have chosen for my address to-night. Not only has this year witnessed the publication of the Report of the Royal Commission on Tuberculosis—a truly monumental work, which has settled for ever many of the great questions in dispute—but it is also the twenty-fifth anniversary of Koch's discovery of the tubercle bacillus.

Fraenkel has given a graphic description of the memorable occasion when Koch first publicly announced his discovery.

"I was myself," he says, "an ear witness when Professor Koch, on March 24th, 1882, at a meeting of the Physiological Association at Berlin, gave his classical lecture on 'The Etiology of Tuberculosis.' I have never carried away a deeper impression from any lecture. I did not know which to admire more—the new scientific world which was opened out to my eyes, or the man who had made one of the grandest discoveries in the province of medicine, and had delayed its publication till the last i was dotted in order to furnish conclusive proofs in every direction. How many investigators would have called public attention to the fact of constantly finding in tubercular products a micro-organism distinguished by a special staining affinity! But Koch waited in silence. The method discovered by him, at first almost everywhere repudiated, but now generally employed, of the pure cultivation of bacteria on nutrient media failed with the tubercle bacillus. He had first to find a new culture medium in coagulated blood serum. His bacillus grew on this soil, but more slowly than the other bacilli then known. So Koch had the worst enemy of humanity, separated from the body, in pure culture in his hand, but still kept silence. He first produced tuberculosis with it in animals, bred his bacillus anew from the inoculated animals, and only when those bacilli, bred, inoculated, and re-bred, showed such an imposing series of ancestors that there could be no doubt of the micro-organism being not a mere satellite, but the real cause of tuberculosis, he made his appearance in public, and created a new pathology. His lecture, excelling in simplicity of diction as well as in clearness of conception, produced upon the persons present at the meeting the impression that a new era was on the point of beginning."

Koch's discovery seemed to settle, and was generally accepted as settling, the identity of tuberculosis in all its manifestations and in all its victims, at any rate among the mammalia. No room for doubt, it

seemed, was left as to the possibility of transmission from one to another, and the infection of man not only from man but from the bovine. Koch himself, as he has told us later, purposely expressed himself with reserve on this point of the identity of human and bovine tuberculosis: proven facts, he says, which would have enabled him sharply to distinguish these two forms of the disease were not then at his disposal, but sure proofs of their absolute identity were equally undiscoverable, and he had to leave the question undecided.

Few others, I suppose, doubted the essential identity of human and bovine tuberculosis, until in 1901, at the British Congress on Tuberculosis, the founder of the faith himself denied it. (Trans. Vol. I, p 26 ff.)

"In by far the majority of cases of tuberculosis the disease has its seat in the lungs, and has also begun there. From this fact it is justly concluded that the germs of the disease, i.e., the tubercle bacilli, must have got into the lungs by inhalation. As to the question where the inhaled tubercle bacilli have come from, there is also no doubt. On the contrary, we know with certainty that they got into the air with the sputum of consumptive patients."

"But another possibility of tubercular infection exists, as is generally assumed, in the transmission of the germs of the disease from tubercular animals to man. This mode of infection is generally regarded nowadays as proved, and as so frequent that it is even looked upon by not a few as the most important, and the most rigorous measures are demanded against it. Now, as my investigations have led me to form an opinion deviating from that which is generally accepted, I beg your permission, in consideration of the great importance of this question, to discuss it a little more thoroughly.

"Genuine tuberculosis has hitherto been observed in almost all domestic animals, and most frequently in poultry and cattle. The tuberculosis of poultry, however, differs so much from human tuberculosis that we may leave it out of account as a possible source of infection for man. So, strictly speaking, the only kind of animal tuberculosis remaining to be considered is the tuberculosis of cattle, which, if really transferable to man, would, indeed, have frequent opportunities of infecting human beings through the drinking of the milk and the eating of the flesh of diseased animals.

"Even in my first circumstantial publication on the etiology of tuberculosis I expressed myself regarding the identity of human tuberculosis and bovine tuberculosis with reserve. Proven facts which would have enabled me sharply to distinguish these two forms of the disease were not then at my disposal, but sure proofs of their absolute identity were equally undiscoverable, and I therefore had to leave the question undecided. In order to decide it, I have repeatedly resumed the investigations relating to it, but so long as I experimented on small animals, such as rabbits and guinea pigs, I failed to arrive at any

satisfactory result, though indications, which rendered the difference of the two forms of tuberculosis probable, were not wanting. Not till the complaisance of the Ministry of Agriculture enabled me to experiment on cattle, the only animals really suitable for these investigations, did I arrive at absolutely conclusive results."

"A number of young cattle which had stood the tuberculin test, and might, therefore, be regarded as free from tuberculosis, were infected in various ways with pure cultures of tubercle bacilli taken from cases of human tuberculosis: some of them got the tubercular sputum of consumptive patients direct; in some cases the tubercle bacilli or the sputum were injected under the skin, in others into the peritoneal cavity, in others into the jugular vein. Six animals were fed with tubercular sputum almost daily from seven to eight months; four repeatedly inhaled great quantities of bacilli, which were distributed in water and scattered with it in the form of spray. None of these cattle—there were nineteen of them—showed any symptoms of disease, and they gained considerably in weight. From six to eight months after the beginning of the experiments they were killed. In their internal organs not a trace of tuberculosis was found. Only at the places where the injections had been made small suppurative foci had formed, in which few tubercle bacilli could be found. This is exactly what one finds when one injects dead tubercle bacilli under the skin of animals liable to contagion. So the animals we experimented on were affected by the living bacilli of human tuberculosis exactly as they would have been by dead ones—they were absolutely insusceptible to them.

"The result was utterly different, however, when the same experiment was made on cattle free from tuberculosis with tubercle bacilli that came from the lungs of an animal suffering from bovine tuberculosis. After an incubation period of about a week, the severest tubercular disorders of the internal organs broke out in all the infected animals. It was all one whether the infecting matter had been injected only under the skin or into the peritoneal cavity or vascular system. High fever set in, and the animals became weak and lean; some of them died after a month and a half to two months, others were killed in a miserably sick condition after three months. After death extensive tubercular infiltrations were found at the place where the injections had been made, and in the neighbouring lymphatic glands, and also far-advanced alterations of the internal organs, especially the lungs and the spleen. In the cases in which the injection had been made into the peritoneal cavity, the tubercular growths which are so characteristic of bovine tuberculosis were found on the omentum and peritoneum. In short, the cattle proved just as susceptible to infection by the bacillus of bovine tuberculosis as they had proved insusceptible to infection by the bacillus of human tuberculosis."

"Considering all these facts, I feel justified in maintaining that human tuberculosis differs from bovine, and cannot be transmitted to cattle."

"But, now, how is it with the susceptibility of man to bovine tuberculosis? This question is far more important to us than that of the susceptibility of cattle to human tuberculosis, highly important as that is, too. It is impossible to give this question a direct answer, because, of course, the experimental investigation of it with human beings is out of the question. Indirectly, however, we can try to approach it. It is well known that the milk and butter consumed in great cities very often contain large quantities of the bacilli of bovine tuberculosis in a living condition, as the numerous infection experiments with such dairy products have proved. Most of the inhabitants of such cities daily consume such living and perfectly virulent bacilli of bovine tuberculosis, and unintentionally carry out the experiment which we are not at liberty to make. If the bacilli of bovine tuberculosis were able to infect human beings, many cases of tuberculosis caused by the consumption of alimenta containing tubercle bacilli could not but occur among the inhabitants of great cities, especially the children. And most medical men believe that this is actually the case.

"In reality, however, it is not so. That a case of tuberculosis has been caused by alimenta can be assumed with certainty only when the intestine suffers first, *i.e.*, when a so-called primary tuberculosis of the intestine is found. But such cases are extremely rare. Among many cases of tuberculosis examined after death, I myself remember having seen primary tuberculosis of the intestine only twice. Among the great *post-mortem* material of the Charité Hospital in Berlin, ten cases of primary tuberculosis of the intestine occurred in five years. Among 933 cases of tuberculosis in children at the Emperor and Empress Frederick's Hospital for Children, Baginsky never found tuberculosis of the intestine without simultaneous disease of the lungs and the bronchial glands. Among 3,104 *post-mortems* of tubercular children, Biedert observed only sixteen cases of primary tuberculosis of the intestine. I could cite from the literature of the subject many more statistics of the same kind, all indubitably showing that primary tuberculosis of the intestine, especially among children, is a comparatively rare disease, and of these few cases that have been enumerated, it is by no means certain that they were due to infection by bovine tuberculosis. It is just as likely that they were caused by the widely-propagated bacilli of human tuberculosis, which may have got into the digestive canal in some way or other, for instance, by swallowing saliva of the mouth."

"Though the important question whether man is susceptible to bovine tuberculosis at all is not yet absolutely decided, and will not admit of absolute decision to-day or to-morrow, one is, nevertheless,

already at liberty to say that if such a susceptibility really exists, the infection of human beings is but a very rare occurrence."

Let me repeat the main points as given in the extracts I have read in his own words, on which Koch based his conclusions: on the one hand there was his inability to infect cattle with tubercle from human sources contrasted with their extreme susceptibility to tubercle of bovine origin. (Though he has been proved wrong on the whole, a partial truth was concealed in this failure, as we shall see later.)

For the converse, the insusceptibility of man to bovine tubercle, he could offer no direct proof, but relied on the rarity of primary lesions in the intestine which he says must surely suffer first if the infection is carried by food. He made *ulceration* his criterion of a primary intestinal lesion—an entire misapprehension, as modern investigations have shewn.

Koch did not shrink from the consequence of his extreme position and its effects on public policy.

"I should estimate the extent of infection by the milk and flesh of tubercular cattle and the butter made from their milk as hardly greater than that from hereditary transmission, and I therefore do not deem it advisable to take any measures against it.

"So the only main source of the infection of tuberculosis is the sputum of consumptive patients, and the measures for the combating of tuberculosis must aim at the prevention of the dangers arising from its diffusion."

The point is really one of great public concern: which are we to urge on the authorities as the more important, the control of the milk supply or the supervision of the advanced cases of phthisis in human beings?

So Koch; before his address, the respiratory tract through inhalation and the alimentary canal through ingestion, had both been accepted as paths of infection; ingestion practically meaning, as Koch says, infection from cattle by milk and meat; inhalation explaining transmission from man to man, though even here the possibility of alimentary infection must be considered, for inhaled bacilli may lodge on the tonsils and invade the cervical glands, or, in the case of children, objects soiled with tubercular sputa may be sucked and the human bacillus swallowed.

Infection by inhalation was assumed at first to arise from the breathing of dried sputa converted into dust. This is undoubtedly possible, and gives a reason why the rooms of all phthisical patients should be regularly washed and wiped with wet cloths rather than be dusted or swept. The dust of rooms inhabited by uncleanly and careless consumptives has been *proved* to be infectious. Such conditions have always seemed to me a fruitful source of the spread of the disease in poorer quarters, and undoubtedly such rooms should be disinfected before passing into the occupation of newcomers,

The danger, however, is peculiarly one of dark, ill-ventilated places. Air and light we know can render the bacillus innocuous. Moreover, to convert the sputa into dust, and set the bacilli imprisoned in the slimy mucopus free, time is required, during which they will be subjected to these influences. Experimentally it has been found that dried sputa are not very virulent.

Probably the danger from the sputa has been overrated, and therefore with the value of disinfectants as well, of which the public makes a fetish. These can only reach the surface of the nummulated masses, and provided the sputa are kept wet and the cups thoroughly boiled, the exact disinfectant, or indeed the use of one at all, is a matter of indifference.

Till the researches of Flügge (1899), attention was too much concentrated on the visible sputa, and the formation of dust from them. They are not the sole, and perhaps not the chief, agent in the spread of infection by inhalation. In the act of coughing, or even of loud speaking, droplets of saliva (spray), some visible, many microscopic, are ejected from the mouth, which in the case of the consumptive, Flügge proved, by collecting them on glass slides held at a distance of half-a-metre, fixing and staining, to contain abundant bacilli. Guinea pigs were also infected by the same means. The consumptive should be taught, *as soon as the cough starts*, always to bend the face downwards over his spitting cup, and to shield his lips with the hand, or with a special handkerchief, or piece of rag, to prevent the dispersion of this spray.

Those, then, who allow the danger of inhalation, must consider it to arise chiefly from the absorption of fresh liquid sputa carried as minute droplets or spray, often in an invisible form. That this is the true aspect of the dangers of inhalation we shall see later from actual experiments.

To test the truth of Koch's position, a Royal Commission was appointed in Germany and in this country, the second Royal Commission on Tuberculosis, which has just reported.

In addition a whole host of observations has been carried out by the most eminent observers to decide on the comparative danger and frequency of the two modes of infection—inhalation and ingestion—and especially to settle by experiment which of the two routes leads more surely to the lesions of tuberculosis as we know them clinically and *post mortem*.

The subject formed one of the special discussions at the meeting of the International Antituberculosis Bureau in Vienna in September of this year.

I may say at once that a complete discrepancy of opinion prevails among the most eminent observers, some supporting Koch and referring everything to inhalation, others denying infection from inhalation, and claiming that all lesions can be readily produced by

ingestion. Behring's theory of the development of ordinary phthisis is the most extreme example of the latter view.

The conflict is due partly to bias, largely to insufficient evidence and paucity of experiment, and can, I think, be reconciled by the work of our Royal Commission.

It must be allowed, however, that in the main the result of all this experimental work has been to remove inhalation from the unique position in which Koch placed it as the sole or chief path of infection. The pendulum has perhaps swung too far in the other direction, but, undoubtedly, to-day the general feeling is in favour of ingestion as the greater source of danger.

The difficulties that Koch found, and which seemed to him conclusive, have been met, and in the course of the experiments a flood of light has been thrown on the normal physiological processes of the organism, and a mass of deeply interesting fact collected which has not yet found its way into our text books. Though Koch was wrong in his main deductions, he was right in many of his facts, and laid bare gaps in our knowledge till then unnoticed. It is evident we can learn much even from the errors of great men.

Inhalation.—When we consider the preponderance in tuberculosis of the lesions in the respiratory organs to which the other lesions in the body are largely secondary, it seems only natural that inhalation should first attract attention as the path of infection, the apex of the lung being the seat of election—so well seen in cases of arrested tuberculosis *post-mortem*—on account of its want of movement, the air currents being there brought to rest and the bacilli enabled to settle down.

It must be acknowledged, however, that experimental confirmation of this mode is hard to find. Even where the results have been successful the conditions set up have often been altogether abnormal, often extremely so, and not to be taken as a criterion of what occurs under ordinary circumstances. The inhalation of dried pulverised sputa has only exceptionally produced phthisis.

Cadeac and Malet making guinea pigs inhale for an hour a day for several weeks only succeeded in infecting two out of forty-six. Using a spray of liquid containing tubercle bacilli in suspension they were far more successful, out of forty-five guinea pigs not one escaping. By killing the animals at successive dates after the experiment they claim to have been able to demonstrate the presence of the bacilli in the bronchioles, their penetration to the extremities of the latter, and their multiplication in the pulmonary epithelium.

Calmette and Guérin also were successful in producing massive broncho-pneumonia, with miliary tubercle in the walls of the alveoli, but *only* when finely pulverised cultures dissolved in water were *injected* through a sound passed as low as the bifurcation of the trachea.

In this connection Calmette lays stress on the entirely exceptional

conditions which have had to be induced to gain success, the prolonged inhalation of cultures or the literal flooding of the alveoli with fluid. Nasal insufflation, as one would expect, has been unsuccessful.

At the meeting of the International Bureau at Vienna last September, Flügge claimed a similar success. Like the others, he had been quite unsuccessful with the inhalation of tubercular dust, but, using the liquid spray method, he had been able to produce pulmonary tuberculosis in guinea pigs, rabbits, goats, calves, dogs. That the bacilli were carried home into the finest bronchia he proved by the results of the inoculation of the peripheral parts of the lungs into guinea pigs. In the case of the guinea pigs he was successful with small numbers of tubercle bacilli (less than 50), in this coming nearer the ordinary conditions of infection. One would have more confidence if he did not scout the idea of alimentary infection—which has been shown undoubtedly to occur—so completely. For him, sticking to his last, infection in tuberculosis is a question of the inhalation of droplets—alimentary infection and dried sputa are both inefficient.

Such men as Weichselbaum and Aufrecht—and these are all names of the highest mark—took the other side: the former, while allowing that primary inhalation tuberculosis does occur, holding that it is much less frequent than has been supposed; the latter affirming that, notwithstanding all efforts, no positive proof has ever been afforded that phthisis in man is produced by inhalation. Deglutition, not inhalation, is for them the channel.

Children.—Even if we should accept inhalation as the ordinary mode of infection for the pulmonary tuberculosis of adults, we are met by a check when we turn to the tuberculosis of young life.

Though the ordinary destructive lesions of phthisis may be seen in children, or the lung in them may be invaded and destroyed by direct extension from some tubercular focus like a gland, such cases are not very common. The ordinary, I had almost said the almost invariable picture in children dying of tuberculosis, as seen in our *post-mortem* rooms, is something quite different and quite distinctive, whether the case is one of general tuberculosis or tubercular meningitis. Everywhere excepting at one spot or in one system is miliary tubercle; all alike, of the same age and recent. The only older focus to be found is in the glands, especially the bronchial and mediastinal, the mesenteric glands though affected being less involved. The impression often left is of disease starting in the bronchial or mediastinal glands, less commonly in the mesenteric glands, which has invaded the blood stream and infected the body at large. Ulceration of the bowel is unusual, and the affection of the mesenteric glands is often least lowest down, *i.e.*, fades away rather than is intensified as the gut is approached.

Gaffky's figures (Director of the Royal Institute for Infectious Diseases, Berlin) given at the meeting of the International Bureau

will illustrate these points: in 300 *post mortems* on children below the age of 13½ the glands were found to be infected in 57, or 19 per cent., both groups (mesenteric and bronchial) in 29, in 17 the bronchial only, in 11 the mesenteric only. In 27 of these cases the diagnosis of tuberculosis had been made or suggested, but among the 264 where no tubercle had been suspected in life, and *none was visible post mortem*, the glands were found (by guinea pig inoculation) to be involved in 30 cases:—

In 12 both groups.

In 6 the mesenteric only.

In 12 the bronchial only.

These are the cases in which Koch refused to believe the infection to be primarily intestinal because of the absence of ulceration and the partial escape of the mesenteric glands. If infection by the bowel occurred, as it should if man, or rather child, could fall a victim to bovine tubercle, we should find signs of it, according to him, in ulceration of the gut and predominant disease in the mesenteric glands; in the absence of these conditions it is not to be believed that in these glandular cases in children ingestion has been the route.

What answer have the defenders of infection by ingestion to return to these objections:—

- (a) The absence of any visible site of entrance in the gut;
- (b) The comparative escape of the mesenteric glands, which should be the resting-place and prison of bacilli passing through the intestinal wall;

And to a third equally important question, Can ingested bacilli passing through the intestinal wall readily reach the lung and set up lesions there such as we see in ordinary phthisis?

Chauveau (1868-72) according to Calmette was the father of the ingestion theory. To him we owe the first proof of tuberculous infection by way of the alimentary canal, and the first example of tuberculosis of the lung and of the bronchial and mediastinal glands of intestinal origin, and that without any trace of intestinal lesion.

Passing beyond cattle whom it is easy to conceive as becoming tuberculous by swallowing tuberculous secretions from other cattle, he affirmed the same to be true of man.

"The digestive tube in man as in the bovines constitutes a very suitable way of infection for the spread of tuberculosis, and one possibly more often called into play than the respiratory tract."

Though ulceration of the intestine may be and often is set up in feeding experiments, it is generally conceded nowadays that bacilli are quite capable of passing through the intact mucous membrane, whether between or through the cells, and making their way into the lymphatics without leaving any trace of their passage. The Royal Commission make a definite statement to that effect, and one has only to turn over the pages of the volume of their report on their feeding

experiments to find instance after instance of successful infection, where the *post-mortem* revealed an intact intestine.

I may quote a case of my own of sub-acute peritonitis in a child where we were able to demonstrate tubercle bacilli in the lymph covering the gut, and actually in the intestinal wall, though there was no obvious tubercle and no ulceration.

For the new-born, Behring has advanced the explanation that the epithelial covering of the mucosa is incomplete, but this property of permeability is not confined to the intestine, and is seen in the adult as well as in the young, though more highly developed, as Weigert has shown, in the latter.

Nor does it apply to micro-organisms only—chemical bodies, toxins and anti-toxins, can also pass through in the young. A capital instance of this is quoted by Calmette—snake venom, when given by the mouth, is innocuous to the adult but fatal to the young.

In their passage through the intestinal wall the bacilli, according to Calmette, are taken up by amœboid phagocytes, and, thus enclosed, are carried through their future wanderings.

Involvement of Lymphatic Glands.—Severe lesions of the bronchial and mediastinal glands, with slight affection only of the mesenteric—a picture often seen in human autopsies—are stated by Vallée to be the typical condition in the tuberculous calves slaughtered in the Paris abattoirs, and these have been fed exclusively on milk.

He has succeeded in reproducing the condition experimentally: four calves, tested with tuberculin, were allowed to suck twice, at forty-eight hours' interval, a cow with tuberculous udder. All four showed definite lesions, much more marked in the bronchial and mediastinal glands than in the mesenteric. One can see, however, in reading the experiments, that it is very difficult to obtain this result. Usually in feeding experiments the mesenteric glands, as in Calmette's cases, to which I shall refer later, are hugely involved, and our Royal Commission, as far as I can gather, found the bronchial glands involved only after the lung or when the lung was simultaneously affected.

Lymphatic glands are not, however, a perfect filter for organisms brought to them; these may pass through some of the members of a chain of glands, to be arrested further on, and only at the site of arrest will there be signs of disease.

An interesting experiment of Vallée proves this point. Laparotomy was done, and $1\frac{1}{2}$ mgrm. of a tubercular culture injected into a mesenteric gland in a calf which was killed forty-nine days later. The inoculated gland was found immensely enlarged and tubercular, the bronchial glands were also affected, but the rest of the lymphatic glands, the liver and lungs, were quite healthy.

It is evident, then, that the escape of certain members of a glandular chain is no proof that bacilli have not passed that way,

and we must disallow Koch's argument that involvement of the immediate mesenteric glands is a necessary sequel of alimentary infection. Moreover, Orth has shown that glands which are macroscopically normal may microscopically be tubercular. Rabinowitsch and Weichselbaum have gone further, and shown that glands which are apparently sound both macroscopically and microscopically can be proved to be tubercular by inoculation, and that bacilli may remain latent in glands in this way for a long while, i.e., without producing either macroscopic or microscopic lesions. This is one of the arguments on which Behring's position rests.

Koch's two main objections to alimentary infection, the absence of ulceration and the escape of the mesenteric glands have now been met, and it only remains to answer our third question, the most interesting to us. Can predominant lesions in the lung be readily produced by infection from the gut?

From among a whole volume of evidence it will be sufficient to quote a series of experiments by Calmette and Guérin :—

The goat was the animal chosen on account of its natural resistance to tuberculosis; in the case of the adult animal infection was brought about by introducing cultures through an œsophageal sound into the rumen; the kids were infected by the same means, but in another series, by sucking a tuberculous udder.

It has been objected to the œsophageal method that some of the virus might remain in the mouth and be aspirated into the lung, but it seems improbable that this accident would constantly happen. The two kids which were suckled were killed on the 45th and 51st days respectively. Both showed an immense adenopathy of the mesenteric glands which contained in the one miliary, in the other caseous tubercle. In the former the lungs were free, in the latter they were stuffed with miliary tubercle.

In the kids fed by the œsophageal sound the mesenteric glands were found severely involved; in two cases the lungs were riddled with tubercle and consolidated, in the third they escaped.

In one of the adult goats, killed 65 days after the last feed, the mesenteric glands though not enlarged were tubercular; there was no visible lesion of the abdominal organs or intestine, but the lungs were stuffed with tubercle and breaking down.

It is interesting to note that Calmette has been able to produce typical lesions of *anthracosis* in the lungs by feeding and ingestion from the gut, even after plugging the trachea.

The route from the mesenteric glands to the lungs may be by way of the thoracic duct, or direct by the blood stream, the amoeboid phagocytes breaking through in the glands. The Royal Commission failed to find bacilli in the outflow from the thoracic duct, but they did not investigate the point very exhaustively. Whichever the route the right side of the heart is ultimately reached and thus the lung.

To summarise :—Bacilli find no difficulty in penetrating the intact intestinal wall. In the lacteals or in the wall they are taken up by the amœboid phagocytes and carried to the nearest (the mesenteric) glands. There they may be retained, either causing extensive disease or remaining latent without visible lesion micro- or macro-scopic for an indefinite period, or they may be swept on, their final resting place depending on their host and carrier, the amœboid phagocyte. Wherever death overtakes him and his wanderings end there the bacilli will be able to take root and set up disease. In this way Calmette has seen, after a single ingestion of a small number of bacilli, pleurisy, typical arthritis, orchitis, and, once, iritis arise without disease of lungs or glands.

The lung is a seat of election in all animals because it is an organ or tissue of small resistance. Whether the lung is reached after ingestion by way of the thoracic duct or the blood stream direct, its invasion takes place along the vessels instead of by the bronchi. The process is one of embolism. The defenders of ingestion do not admit that the proclivity of the apex is an evidence of inhalation. The conditions of the lung at this spot, one must suppose, favour the settlement of bacilli as much by the one path as by the other, and one must remember it is exceedingly difficult, even on the inhalation theory, to explain the constancy with which the apex is the seat of initial lesion, the rest of the lung escaping.

The apical lesion after ingestion represents the results of an embolism in the territory of the artery accompanying the posterior apical bronchus.

A deposit once formed progress is the same whether starting from an arteriole or a bronchiole. Caseation and softening may set in, and the products gradually disseminated through the lung.

Calmette calls in the vicious circle in rather an imaginative fashion to explain the spread of phthisis. With him all tuberculosis starts from ingestion. The ingested bacilli reaching the lung as described give rise to tubercular foci which soften and are coughed up as sputa. The sputa are swallowed; bacilli again find themselves in the alimentary canal, again penetrate the wall, and, carried to the lung, form fresh emboli there which repeat the process and so on.

Something of all this may appear fanciful or hypothetical, but it is founded on a large substratum of truth and fact. The work of our own Royal Commission confirms the theory that much of tuberculosis, not excluding pulmonary, is ingestive in origin.

Behring, of course, takes the same view, though lately he has allowed inhalation some part in the spread of phthisis. With him all tuberculosis is ingested and milk borne. Most of us, according to him, are infected with alimentary tubercle in young life, in proof of which he points to the frequency *post-mortem* of inactive tubercular foci, a frequency which Nægeli's careful observations have raised as high as

90 per cent. and over. In most of us the bacilli remain locked away in glands or other tissues, securely enfolded or merely latent, till under some stress or deterioration of health these latent bacilli may break forth and cause the various forms of tuberculosis.

Finally, let us glance at the results of the Royal Commission, and use them as a touchstone for the discrepant theories and experiments just described. The wide basis of observation of the Commission, its vast field of experiment, judicial attitude, and, above all for us, its careful study of well selected cases of tuberculosis in *man*, give its conclusions the voice of authority.

It may be stated at once that the Commission was able to show that Koch's difficulty in infecting cattle with tubercle from human sources is only partially true, and that the bovine bacillus can and does infect man.

The first effort of the Commission was to gain a knowledge of the bacillus present in bovine disease, and of the effects of its introduction by feeding and by subcutaneous injection (usually in the neck) into cattle themselves and other animals. The object being to set up a standard by which the bovine bacillus could be recognised and compared with the bacillus of human tuberculosis.

As the result of subcutaneous injection a local tumour forms at the site of inoculation, composed of tuberculous material and inflammatory tissue.

When considerable doses were injected, this local tumour grew into a large swelling infiltrating the surrounding tissues; thence the infection spread, first to neighbouring and then to more distant glands, resulting finally in a *generalised* tuberculosis from which the animal died in 20-50 days, the lesion being progressive.

With a small dose the local tumour, never large, gradually diminished in size. Only the nearest glands were involved; any other lesions were limited, a few tubercles, perhaps, being found in the lungs or elsewhere, but all undergoing retrogressive change and even calcification. The health of the animal remained good. Fifty mgrm. of culture (200,000 million bacilli or more), however, always sufficed to override the natural resistance of any animal and cause an acutely progressive lesion.

The most interesting of these experiments to us are those by which the monkey was found to be even more susceptible to the bovine bacillus than the bovines themselves. Coming as near to man as was possible, the Commission found that by feeding, and that with a minute dose, they could infect the anthropoid apes with bovine tubercle, *e.g.*, of four chimpanzees thus fed all were infected: one by 1.1 mgrm. of culture, one by 0.1 mgrm. of culture, two by 0.01 mgrm. of culture—very suggestive facts for ourselves.

The special feature of the bacillus isolated from bovine lesions, which showed otherwise the ordinary characters of the tubercle bacillus, was its scanty growth on glycerine agar and glycerine serum. To

express this cultural peculiarity the word "dysgonic" was coined by the Commission. The bovine bacillus, then, is virulent to bovines and dysgonic.

Armed with this standard by which to recognise the bovine bacillus, the Commission proceeded to investigate cases (60) of human tuberculosis.

These sixty cases comprised ten of primary pulmonary tuberculosis, i.e., cases in which the tuberculosis was the main lesion, other changes being secondary; in addition, animals were fed with sputum from four other cases of pulmonary tuberculosis and the bacilli recovered and used for inoculation: one of general tuberculosis; bronchial gland tuberculosis, four (in two the glands alone involved, in one the lung also, in one the cerebral meninges); tuberculosis of cervical glands, nine (all obtained by operation); primary abdominal tuberculosis, nineteen (all showing some distinctive feature demonstrating the primary abdominal origin—in some tubercular peritonitis, in others intestinal ulceration, in all caseation of the mesenteric glands); bone and joint tuberculosis, ten (in all no other obvious lesion); tuberculosis of testicle, one; of kidney, one; lupus, one.

From 14 of these cases (Group I) a bacillus was recovered in all respects identical with the bovine bacillus, identical in its virulence to all the animals in which the effects of inoculation had been studied, the nature and the course of the lesions set up and in its cultural characteristics, for it was dysgonic as well as virulent. In fact it was the bovine bacillus which had infected the human. Koch had been disproved, bovine tubercle can be transmitted to man, the dangers of ingestion and milk infection are substantiated.

It will be interesting to learn what forms of tuberculosis in man can arise from bovine infection. The group comprises three cases of cervical glands, ten of abdominal tuberculosis, just the conditions one would specially expect, and one of the sputum cases so that phthisis even can presumably result from ingestion.

Forty of the cases fell into a second group (Group II) made up of:—

Pulmonary tuberculosis	...	12 (lung 10; sputa 2).
General	"	1
Bronchial gland	"	2
Cervical gland	"	6
Abdominal	"	8
Joint	"	9
Kidney	"	1
Testicle	"	1

the bacillus isolated being only slightly virulent to bovines and rabbits, and growing luxuriously on the special media: to denote this luxuriance the Commission coined the word "eugonic."

It was only in these respects that it differed from the bovine

bacillus. While only slightly virulent to bovines and rabbits—50 mgrm. even, the standard dose of culture, which with the bovine bacillus always broke down all resistance, only causing a limited and retrogressive lesion—it was highly virulent for other animals, *e.g.*, the monkey.

Its staining reactions and microscopic structure and the histological features of the lesions set up by it were identical with those of the bovine bacillus. Even difference in growth, luxuriant or scanty, on the special media (glycerine agar, glycerine serum) does not constitute an absolutely sharp line of demarcation, for though the Commission were able to divide all the bacilli they studied into five grades according to the abundance of the growth, these grades all shaded off one into another with no abrupt transition.

Most significant of all tuberculin from either is equally effective for the tuberculin reaction.

This would seem to establish their essential identity, the difference in their virulence, however, to certain animals and in their capacity for growth enabling us to distinguish the one as the *bovine* type, the other as the *human*.

Group I was proof of the bovine infection of man, and, therefore, of the possibility of ingestion by the alimentary canal as a path of infection. The second group, however, we must confess, does not settle the path of infection in the case of the human bacillus. The question of the route by which the bacillus reaches the lung, whether by ingestion or inhalation, remains undecided, though if ingestion were the usual path one would have expected, perhaps, the bovine bacillus to figure more largely in the cases of lung disease, but of this more in a moment. One is rather surprised to note the number of glandular lesions, cervical and abdominal, due to the human type; in the case of the cervical glands the figures are supported by the results of the German Commission, who in 15 caseous cervical glands found the human bacillus in 10, the bovine only in five. Whatever, then, may be the truth with regard to inhalation as a path of invasion, it is evident the human bacillus enters the body not infrequently by way of the alimentary canal. Perhaps, as in the cervical glands, to which the path lies through the tonsil, inhalation may precede, and pave the way for ingestion.

Group III.—Six of the 60 cases, however, the most suggestive of all, remain to be accounted for, and it will be well to postpone a decision on the relative claims of inhalation and ingestion till after their consideration.

The six comprise one case of lupus, one of abdominal tuberculosis, one joint and one bronchial gland case, and one specimen of sputum. They have this in common, that the bacillus isolated from them resembled the bacillus of Group II (the human type) in being only slightly virulent to bovines and eugonic; after passage, however, through calves these characteristics were modified and the bacillus reverted to the

bovine type. Such instability is quite exceptional in the tubercle bacillus and was only present in these cases, which therefore tend to bridge the gap between the human and the bovine types.

Is it possible, in the words of the Report, "that bacilli of bovine source entering the human body in scanty numbers may become lodged there without immediately provoking a progressive tuberculosis? During their sojourn may they become modified into eugonic bacilli of low virulence? For some time after the change may they remain unstable and capable of reverting to their bovine character under changed conditions? Or after a long stay in the human body may their character become so fixed that they cannot be distinguished from bacilli conveyed directly from man to man?"

May Group II (the human type) be a form of bovine bacillus, degraded as regards virulence for calves and rabbits by long residence in the human body?

We can as yet return no answer to such questions, but the approximation to Behring's position and the support this intermediate group gives to his theory is obvious.

Of the 60 cases of human tuberculosis given in our lists, Group I, the bovine, on this hypothesis would represent the results of a large dose of virus leading rapidly to a fatal end before a change in type had time to occur. Group II would be the result of a small invasion of bovine bacilli which remaining latent, as mentioned earlier, in the glands and tissues, have changed to the human type. The distinction between the human and the bovine type vanishes, and with it our attempt to decide on inhalation or ingestion as the path of the former falls to the ground.

So far then from being unfounded, as Koch contended, bovine infection and alimentary *ingestion* as the path of infection appear to be fundamental, though we may still allow the transmission of the human (or modified bovine) bacillus from man to man by *inhalation*.

Abstract of Remarks

BY J. B. LEATHES, M.B., F.R.C.S., IN OPENING A DISCUSSION
AT THE MEDICAL AND PHYSICAL SOCIETY ON "DIABETES."

DIABETES has very generally been regarded as a disease due to the failure of the power of making use of carbohydrates; since in the diet of most of us carbohydrates are the source of more than half of the energy at our disposal, such a failure must obviously cause a disturbance of a serious kind. Another but less generally favoured view regards the disorder as due to over-production of sugar in the body. Something of this nature is not precluded by the acceptance of the former theory.

Adopting provisionally the former of these hypotheses, the question arises, What is the nature of the function that fails? The utilisation of carbohydrates in the body results in their conversion into carbonic acid and water; but no one would probably be disposed nowadays to believe that this conversion is effected in one operation. The change is certainly one that occurs in many stages, and it is presumably one of these stages that fails to be reached. If it were at one of the intermediate stages that the process broke down we should expect to find an accumulation somewhere in the body of the last product formed in the series of changes. But since no intermediate product is known to accumulate in this way, while, on the other hand, sugar itself does accumulate—in the blood, for instance, sometimes as much as 1·0 per cent., or ten times the normal amount, is found—it seems fair to argue that it is the very first step of all in the utilisation of sugar that the cells are unable to take.

It used frequently to be argued that the first change that sugar undergoes is to be oxidised at one end, the primary alcohol group being converted into the carboxyl group with the formation of glycuronic acid. Certainly some of the sugar in the body is oxidised in this way normally, and apparently more if camphor or such substances are taken; more, at any rate, under these circumstances of the glycuronic acid is excreted in the urine. But that this is not the reaction which disposes of most of the sugar in the body seems to follow from the fact that it is a reaction that a diabetic organism can carry out apparently as well as a normal one. Camphor administered to diabetics results in an output of glycuronic acid which does not fall behind that of a normal individual receiving the same dose of camphor. Moreover, glycuronic acid can be completely oxidised in diabetes, so that if the first step in the reactions by which sugar is finally completely oxidised in the healthy body were the formation of glycuronic acid, the disease diabetes would not exist.

Other substances which would probably be formed if the first reactions for sugar to undergo were of the character of oxidation, such as glyconic and saccharic acids, are also completely oxidised when administered in diabetes, and this seems to prove that diabetes does not primarily consist in the failure of the organism to carry out the oxidation changes by which sugar is burnt up in the body, and to prove it more satisfactorily than the evidence commonly adduced in proof of it, that substances in no way related to glucose are also completely oxidised by those suffering from this disease. The probability, therefore, is that the first change that sugar undergoes is not an oxidation.

Now Nencki, Duclaux, and others have studied the change by which the sugar molecule is broken down into lactic acid ; the change is one to which the molecule is extraordinarily liable, and, moreover, is effected by countless varieties of living organisms as well as by the action of inorganic and organic bases. And, in recent years, Buchner has pronounced himself strongly in favour of the view that in the alcoholic fermentation of sugar lactic acid is formed as an intermediate product, as, in fact, *the* product of the enzyme discovered by him, zymase—the lactic acid being subsequently converted into alcohol and CO_2 by another enzyme, which he calls lactacidase. In the case of other fermentative changes in sugar, butyric and acetic fermentations, for instance, there is some evidence, too, that lactic acid is similarly formed as a step in the series of changes leading to the end products of the fermentation. Now the empirical formula of lactic acid is exactly half that of glucose, and, therefore, the formation of two molecules of lactic acid from one of glucose would be a change without the character of an oxidation.

Many investigators have tried to prove that in glycolysis, in, for instance, the disappearance of sugar from the blood after it has been withdrawn from the vessels, which was first described by Claude Bernard, it is lactic acid or some substance readily formed from lactic acid, even, for instance, alcohol itself, that takes the place of the sugar that disappears. But the proof has not been as yet very convincing.

The most interesting experiments on glycolysis are those of Cohnheim. The juice expressed from the cooled minced muscles of cats and other animals is able, he finds, to cause the disappearance of sugar under certain circumstances, but especially when there is added to the mixture a small amount of some substance which can be boiled out of the pancreas and which is soluble in alcohol. The part played by the pancreatic extract is in some of his cases very remarkable, and suggests a possible explanation of the association of glycosuria with disease, or extirpation of the pancreas. But the exact conditions of this interaction of muscles and pancreas have not been determined by Cohnheim, and others have even failed completely in their attempts

to confirm his results, except in cases where micro-organisms were co-operating. So that the hopes raised in the first instance by Cohnheim's work have been somewhat damped. And Cohnheim himself has not made any statements as to the nature of the substance formed from glucose in the reaction.

To summarise, therefore, up to this point, if diabetes is due to the loss of the power which the cells normally have of completely oxidising sugar, the reaction which fails to be carried out is probably not itself of the nature of an oxidation, but some cleavage of the sugar molecule which has to precede and prepare the way for subsequent oxidations; but what the nature of the products of this cleavage is cannot be said as yet to be clear.

If on the other hand diabetes is regarded as due primarily to increased production of sugar in the body, then we cannot build upon such foundations as these. There is not the slightest doubt that in glycosuria of many forms, sugar is produced on a large scale in the body from material existing in the body which is not to start with carbohydrate in nature. Incidentally it must be remarked, of course, that however complete the proof for this fact may be, that does not prove that the disease is due to such over-production of sugar. The need for sugar which stimulates over-production may be due to the loss of the power of making use of sugar, and the over-production, when present, may be a secondary phenomenon.

The material out of which the sugar in such cases is made, if it is not glycogen, must be either proteid or fat. When Pflüger found that a dog, weighing 12 kg., excreted in the course of a few weeks, after the removal of its pancreas, more than 3 kg. of sugar, although its food had contained all this time nothing but proteid, he proved that sugar in glycosuria is made in the body from either fat or proteid. For even supposing the animal was at the outset as well stocked with glycogen as any dog ever examined has been, and had glycogen amounting to 4 per cent. of its weight, that would not account for one-sixth of the amount of sugar excreted. Similar results have not uncommonly been observed by others in human diabetes and in the phlorrhizine glycosuria of animals. And the great majority of observers are in agreement that the material from which the sugar is made is proteid. But if so, this is not because, as was once put forward, the proteids are glucosides and contain carbohydrate radicals ready made within their molecular recesses. Some proteids, it is true, contain considerable amounts of carbohydrates, the mucins for instance—which, however, are not articles of food nor very abundant in the body—as much as or more than 30 per cent. of their weight. But in these severe cases of glycosuria on a proteid diet the ratio of sugar excreted to nitrogen excreted is frequently found for long periods to be maintained at a figure like three, or even more than this; whereas if all this sugar were derived from ready-made carbohydrate radicals contained in the proteids, and all the

proteid used for the production of sugar were of the character of mucin, the value of this ratio could hardly exceed two. Egg albumin contains perhaps 15 per cent. of ready-made carbohydrate, which might give the ratio the value of about one, but the other proteids which commonly occur in food contain far less ready-made carbohydrate than egg albumin, probably rarely more than one or two per cent. And a proteid, casein, which certainly contains none, happens to increase the output of sugar in glycosuria, both in men and in animals, more markedly even than egg albumin. So if the sugar is produced from proteids, it is from some constituent of proteid molecule which is not carbohydrate.

Now that we know a good deal more about the constitution of proteids than was the case a few years ago, we can look among the components of the proteid molecule for the groups that are converted into sugar. And both in man and in animals it has been proved that several of the cleavage products of proteids which are set free by the hydrolysis of proteids in the body contribute very largely to an increased output of sugar in glycosuria. Alanine, pre-eminently, which we know is converted in the body into lactic acid; aspartic acid, which we may readily suppose to be converted into alanine; but also glycocoll, which can hardly be a source of lactic acid under any circumstances. Till we know what the stages in the break up of such substances as lactic acid and glycocoll in the body are, it is premature to speculate how this synthesis of sugar is effected. But since glycocoll has been shown to give rise to formic aldehyde when oxidised, as it very probably is oxidised in the body, by peroxides, anyone in need of a hypothesis may consider himself at liberty provisionally to suppose that one way is that by which it has been proved that this synthesis is effected by plants, by condensation of formic aldehyde.

But Pflüger himself has convinced himself, if no one else, that the synthesis of sugar in animals is never effected by the use of proteid derivatives, but always by the use of fats. When the administration of proteids or derivatives of proteids increases the output of sugar in glycosuria it is, he goes so far as to think, due to the stimulating action of these nitrogenous substances on the function of the liver to form sugar out of fat. The dog on which he experimented, to which reference was made a little earlier, was found *post mortem* to have no trace of fat anywhere in its body except in its liver, which contained a normal amount, and, alone of all the organs that usually waste, had maintained the weight which it probably had at the commencement of the experiment. The evidence for a transformation of fat into sugar is not very convincing taken by itself, and a chemical explanation of such a transformation is far less easy to propose than in the case of the proteids. Probably few chemists would look at the explanation offered by Pflüger himself. There is, it is true, no exceptional difficulty for a physiologist to conceive of the formation of sugar from glycerine, which indeed seems to have been proved to occur in animals. But the

glycerine in the fats is not sufficient in amount to account for the quantity of sugar synthesized in such cases.

In the last few months Pflüger has gone further and attacked the whole conception of diabetes as a disease depending on the failure of an internal secretion formed in the pancreas, which is necessary in some way to enable the cells to bring about the reactions by which sugar is prepared for oxidation. He finds that frogs become glycosuric after removal of the pancreas; but also if the pancreas is left intact, but that portion of the duodenum into which the pancreas delivers its secretion is removed, or even if that portion of the mesentery which connects the pancreas to the duodenum be merely divided by a single incision. And he ascribes the glycosuria that results in this case to the division of inhibitory nerves governing the function of formation of sugar in the liver, which nerves he thinks pass from the duodenum, taking origin apparently in the plexuses of nerves and nerve cells in the wall of the duodenum, and reach the liver by way of the pancreas. His experiments, by which he hopes to establish the proof of this hypothesis for the explanation of "pancreatic" glycosuria in dogs, have not yet appeared. But the theory, if established, would certainly revolutionise the current conceptions of diabetes so far as they are based on the experiments of von Mering and Minkowski.

Items.

Mr. Makins has been appointed Consulting Surgeon to Queen Alexandra's Military Hospital.

Prof. C. S. Sherrington has been elected Honorary Fellow of the Royal Society of Edinburgh.

Dr. M. A. Cassidy has been appointed Resident Assistant Physician in the place of Dr. H. K. Dean, resigned.

Messrs. F. H. Holl and C. H. L. Petch have passed 4th and 10th respectively into the Royal Naval Medical Service.

A photograph from Egypt of one of Mead's earlier achievements is on view (for a consideration) in the Medical School.

The engagement of Dr. F. M. Bulley is announced.

Mr. Corner will commence taking a class round Block VIII once a week early in January.

With the passing of the present type of Casualty Officer, Block VIII will fall into the hands of the Surgical Registrar.

The Pierrots are pale but determined. Either the nursing staff must be allowed to watch their performances without restraint, or the usual performances will not take place.

Dr. G. R. Rickett, M.B., B.C. Cantab., has been appointed Medical Officer of Health, Sherborne Rural District, Medical Officer of the Workhouse, and Certifying Factory Surgeon.

For the benefit of those of our readers who may be interested in the use of artificially induced hyperæmia as a therapeutic agent (Bier's method), Mr. Rendle has kindly supplied the following references:—

Practitioner—August, p 302; October, pp 507-517.

Edinburgh Medical Journal—September, p 261; December, p 541.

Lancet—1904, August 13th, p 442. 1907, January 19th, p 168; January 25th, p 230; February 16th, p 427; April 6th, p 948.

Papers by St. Thomas's men have of late been numerous: we would note the following:—

"On the Form of the Cæcum," Mr. F. G. Parsons—*Journal of Anatomy and Physiology*, October, 1907.

"Graves Disease," Dr. H. W. G. Mackenzie—*Clinical Journal*, October 30th.

"Poverty and Disease," Dr. A. Newsholme—Presidential Address, Epidem. Section R.S. Medicine, October 25th.

Presidential Address, Pathological Section R.S. Medicine, Mr. S. G. Shattock, October 15th.

"Lectures on Mediterranean Fever, Leprosy, and Beri-Beri," Dr. F. M. Sandwith—*Clinical Journal*, October 16th, 23rd, and 30th, and November 13th.

"The Significance of a Hitherto Undescribed Wave in the Jugular Pulse," Dr. A. G. Gibson—*Lancet*, November 16th, p 1380.

"A Contribution to the Study of the Relationship Between Avian and Human Tuberculosis," by Messrs. S. G. Shattock, C. G. Seligman, and L. S. Dudgeon, Path. Section R.S. Medicine, Nov. 19th.

"The Nature of Epilepsy," Dr. A. E. Russell, Medical Section R.S. Medicine, Nov. 26th.

"The Hanbury Institute of Tropical Diseases and Seaman's Hospital," Dr. F. M. Sandwith, Meeting of Society of Tropical Medicine, November 15th.

"On Change of Type in Leukæmia and its Significance," Dr. S. G. Scott—*Lancet*, November 30th.

"Rectal Carcinoma," Dr. F. V. Milward—*Lancet*, Nov. 23rd, p 1454.

"Lower Limit of Age for School Attendance," Dr. Newsholme—*Practitioner*, November.

"Some Unusual Abdominal Cases," Mr. T. B. Henderson—*Practitioner*, November.

"Remarks on Appendix Abscess," Mr. W. H. Battle—*Practitioner*, December.

"The Position Deformities and Injuries Associated with Abduction of the Foot," Mr. E. M. Corner—*Clinical Journal*, December 4th.

Examination News.

University of London, October, 1907.

M.B., B.S. Examination.—W. R. Bristow, K. E. Eckenstein, B. T. Parsons-Smith, W. Patey.

M.B., B.S. Examination (Group I).—T. G. Starkey Smith.

Royal College of Surgeons of England, November, 1907.

Primary F.R.C.S.—B. C. Maybury, W. R. Parkinson, W. L. Pink.

Final F.R.C.S.—H. T. Gray.

Society of Apothecaries of London.

Medicine.—A. L. Walters (Sections I and II), Diploma granted.

Midwifery.—J. Brierley.

Books for Review.

ADMINISTRATION OF ETHYL CHLORIDE. By G. A. H. Barton, M.D. Second edition. H. K. Lewis. Price 2s.

Most of us can remember the rush on ethyl chloride as a general anæsthetic, which took place at the beginning of 1906, and its subsequent relegation to an inferior position by some, at any rate, of the Hospital anæsthetists, especially as an introductory anæsthetic in the ethyl-chloride ether sequence. Our own statistics with children in the out-patient theatre have been extremely satisfactory.

Dr. Barton takes us gently over the chemical constitution of ethyl chloride, its history as a general anæsthetic, and then deals with statistics as to the mortality administration rate. The latter it is, of course, quite impossible to accurately gauge, but he himself would put it somewhere about 1 in 30,000. He would limit, then, the application of ethyl chloride to children, for fairly lengthy operation upon the air passages when the patient is placed in the upright position, and for sequence work, while for dental work it is absolutely taboo. With regard to the ethyl-chloride ether sequence, Dr. Barton prefers it to the gas-ether sequence, while admitting it is not quite so safe. He thinks, too, that as an introductory measure for chloroform it might be more widely used, and details his own method of procedure. He lays great stress upon the "jaw spasm" for indicating that the patient is not completely under the influence of the anæsthetic, so that its administration may safely be pushed. The book is not of much value to the student, but to the practitioner who has had a little but perhaps not enough experience with ethyl chloride it should prove interesting.

ORGANIC CHEMISTRY FOR MEDICAL STUDENTS. By Dr. G. v. Bunge, Professor of Physiological Chemistry in the University of Basel. Translated by R. H. Aders Plimmer, D.Sc.Lond. Messrs. Longmans, Green, and Co. 6s. net.

The book consists of a translation of seventeen lectures published in Germany last year. They deal with organic chemistry looked at especially from the point of view of the medical student, and though fairly comprehensive in their survey of the question, matter which from this aspect (the aspect of physiological chemistry) may be regarded as extraneous is not introduced. The author is careful (what author whose work savours of utilitarian specialisation is not?) to state in the preface that the lectures are not intended to be looked upon as a complete text book, and the reader is advised to fill in the gaps where necessary from "more detailed epitomes." The object, then, is to present the student with a *table d'hôte* menu, and although the more highly cultivated palate may prefer to indulge itself *à la carte*, there is more than sufficient material here to satisfy the wants of the average man.

THIRD ANNUAL REPORT OF THE HENRY PHIPPS INSTITUTE, PHILADELPHIA.

The Henry Phipps Institute, which has now been in operation for more than three years, was established for the purpose of the study, treatment, and prevention of tuberculosis. The report embodies, in the first place, a very large number of statistical enquiries on all sorts of points relative to each patient, which may have some bearing on the disease in question. The discovery of the source of contagion is one point which is aimed at in every case, and in 75 per cent. of the new cases the investigators claim to have arrived at a definite conclusion. The vast majority of these patients were healthy during the first five years of life and were breast fed; therefore, says the report, "it would seem probable . . . that

if they did get an impantation during this time (i.e., during the first five years of life), they did not get it from cow's milk." Since children are not usually breast fed for five years, we do not quite understand the force of the remark. The sources of contagion which are given are the preceding, succeeding, or immediate generation, fellow employees, contaminated houses, etc.

A number of original papers follow, treating of various aspects of the work of investigation or prevention. Many are, however, reports of investigations which are not as yet complete, and the communications are more in the way of interim reports upon which no conclusions can be based. Serum therapy (Maragliano's) is still being tried in a number of cases with negative results.

The report, as a whole, seems to be a praiseworthy attempt to work out details of minutiae.

The investigators themselves claim to be gradually becoming more adept at their own methods, which is only what one might expect, and we may hope that not a little benefit may arise in the future from developments of such a systematic endeavour.

THE RUSSIAN PEASANT. By Howard P. Kennard, M.D. T. Werner Laurie.

It is not often that we are asked to review a book which is the work of an old Thomas's man, and at the same time deals with a subject which is not strictly professional. It is, therefore, with more than ordinary interest that we have read Dr. Kennard's contribution to the literature of the year. As the result we are able to congratulate him upon a production which embodies in a realistic way the fruit of his own experiences, and introduces us to a subject about which our previous ideas either take the form of irrational preconceptions or perhaps even scarcely exist. Dr. Kennard has now twice addressed the Medical and Physical Society, giving accounts of his Continental travels, and on the latter occasion, only a few weeks ago, he dealt almost exclusively with this aspect of Russian life, while many of the unique photographs which he then showed form one of the attractive features of his book. The Russian peasant as an individual we can hardly look upon as an interesting study, but we recognise the potentialities that lie dormant in his race, and we can also conceive the enormous revolution that must take place before those potentialities can be realised. The scheme of the book is simple. It is divided into three chapters. The first and the last are entitled "Village Life" and "Russia's Poison" respectively; they are based upon the author's own observations. The intervening chapter is a short but extremely interesting historical survey of Russia's peasantry from the earliest times, and tends to show how little developmental progress has really been made, at any rate in its domestic life, during the course of the last two thousand years. To those who would view Russia from within we would say, buy and read.

AIDS TO PATHOLOGY. By Harry Campbell, M.D. London. London: Baillière, Tindall and Cox. Fscp. 8vo. ; pp 184. Cloth, 3s. 6d. ; paper, 3s. net.

This book attempts to deal with the whole subject of Pathology in a very small space. It consists of a series of lists of pathological conditions, with a few words explanatory of each. The allotment of the limited space is ill-balanced, two pages of small type being devoted to the consideration of "odontones," while the important subject of "Fatty Degeneration" is dismissed in ten lines. The text contains some glaring errors and dogmatic statements on highly controversial points. The ten illustrations are crude. We fail to see the need for such a publication.

Club Notices.

THE RUGBY FOOTBALL CLUB.

ST. THOMAS'S 1ST XV v. ROSSLYN PARK.—Played at Richmond on November 9th. We were at full strength, but were hardly seen at our best in a very fast game. The game opened in exciting fashion, our opponents attacking strongly, and only a magnificent tackle by Meakin, which carried a Parkite into touch behind our goal-line, saved what looked like a certain try. Irregular play by our three-quarters followed, they being hampered throughout the game by the inability of our forwards to get the ball, so that they had to act mainly on the defensive. A free kick to us relieved pressure, and then a good pass out by Petch was knocked on. The Park were continually getting the ball out to their three-quarters, and the solitary occasion about this time that we managed to get the ball resulted in a gain of 25 yards to us, though again the ball was held too long. Shortly after a long pass by Skeat secured a try by Bowring, which Bingham converted by a splendid kick from the touch-line. From the kick-off some mid-field play followed. Our opponents' outsides were very regularly supplied with the ball, and consequently they were continually attacking. A Rosslyn Park half was here conspicuous, and, getting clear away, was finally secured after good defensive work by Meakin and Bowring. A free kick to them resulted in a poor attempt at goal and a touch down to us. From a scrum following the drop-out, their half again got away, and scored a try. The kick failed. Again our line was almost crossed, when some passing among our outsides took the ball to the midway line. Their halves were fooling ours all round. Half-time score, five points to three in our favour. The second half started with a good save by Crofton, which was followed by a fierce run by Skeat through their centre, which was almost successful. Sutton cleared well, and then some long kicking was indulged in by Meakin and Rae. We were now getting the ball better, but it was still hanging round the scrum. A pass-out by Crofton (who, although at times somewhat careless in his direction, was passing out harder and more cleanly than previously) enabled Rae to make a splendid run through their centre, and should have resulted in a score. The ball was forced up to our goal, Meakin being called upon to save repeatedly. The forwards gradually worked the ball up again to our opponents' twenty-five, when Bowring picked up near the touch-line, and, getting going at once, scored a second try on his own. Meakin converted. The Park attacked furiously, and our twenty-five was besieged till time sounded. The ball was going right along our opponents' three-quarter line time after time, and it was only by strenuous efforts that they were kept out, Bingham and Meakin being especially in evidence. Eventually they scored in the corner. The kick failed, and a third try was registered in a favourable position five minutes before time was called. The kick at an easy angle failed, and the forwards now really waking up the ball was kept in mid-field till the close of play—a victory to us by ten points to nine.

"A" XV v. BLACKHEATH II.—Played on the Rectory Field on November 9th. This match was lost by a try to a goal and a try. Seymour scored for us, French failing to convert. This, together with the fact that there was only one touch judge, turned what would and should have been a victory, into a defeat. Perry, Cox, and Rhodes were the pick of the team, which included M. L. C. Irvine, J. N. Wheeler, D. M. Gibson, F. R. B. Skrimshire, L. B. Perry, A. G. V. French, W. Weir, E. A. Seymour, N. M. Fergusson, R. Cox, H. V. Welch, C. T. V. Benson, C. F. B. Cong, E. Rhodes, P. Harper.

"A" XV v. MARLBOROUGH NOMADS "A" XV.—This match, played at Thames Ditton on November 16th, resulted in a defeat for us by a goal and a try to one penalty goal and six tries. So bad was the whole team that it is impossible to select any one man who was better or worse than his fellows. But Wheeler

and Treherne scored, Starling converting one. Team : M. L. C. Irvine, R. C. Priest, L. B. Perry, F. R. B. Skrimshire, J. W. Wheeler, A. G. V. Frenoh, W. Weir, E. A. Seymour, J. Startin, P. Harper, R. Cox, C. T. V. Benson, O. F. B. Cong, T. Weston, and C. W. Treherne.

"A" XV v. CIVIL SERVICE "A."—At Chiswick, on Saturday, November 23rd, a win for the Hospital resulted by 3 goals and 4 tries to nil. Perry, Priest, and Skrimshire are all worthy of special mention. They scored once each, together with Welch, Esler, and Seymour (2), Fergusson converting. Team : O. F. B. Cong, L. B. Perry, E. A. Seymour, D. M. Gibson, R. C. Priest, W. Weir, F. R. B. Skrimshire, N. M. Fergusson, P. Harper, R. Cox, H. V. Welch, C. T. V. Benson, T. Weston, and A. R. Esler.

"A" XV v. BLACKHEATH II.—This match, played at Chiswick on November 30th, resulted in a win for us by 2 goals and 2 tries to a goal. The whole team played well and we were on the attack nearly the whole game. Skeat, Skrimshire, Cox, and Weston were prominent. Wheeler, Priest, Weston, and Skeat registered tries, two of which Fergusson converted. Team : O. F. B. Cong, R. C. Priest, L. B. Perry, J. G. Skeat, J. W. Wheeler, F. R. B. Skrimshire, W. Weir, E. A. Seymour, R. Cox, P. Harper, N. M. Fergusson, T. Weston, E. Rhodes, C. T. V. Benson, and H. V. Welch.

"A" XV v. HARLEQUINS II.—This match, played at Chiswick on December 7th, resulted somewhat unfortunately in a loss for us. The team was not at full strength by any means, but a good game resulted, the three-quarters especially being seen to advantage. Priest scored an excellent try which Startin converted. Foley and Spense, two new outsiders, show distinct evidences of promise, but must pay more attention to defence. Gibson played an excellent defensive game at back. Team : D. M. Gibson, D. Spense, R. C. Priest, E. A. Seymour, J. W. Wheeler, W. Foley, C. Treherne, T. Startin, C. Benson, R. Cox, P. Harper, T. Weston, J. Wilkinson, A. Esler, and E. Schütler.

ASSOCIATION FOOTBALL CLUB.

ST. THOMAS'S v. CASUALS.—Played at Chiswick on Wednesday, November 6th, and resulted in a draw of two goals all. The Casuals were a much heavier team, and their forwards played very well together, but were weak in front of goal. Our defence was good, despite the fact that Dobell, who was crooked in the first half, had to take Paddon's place in goal. The Casuals were the first to score, Tuff heading in from a corner. Before half-time we were lucky in scoring the equaliser by a shot from Stobie, which was turned into the goal by their right back. After changing over the Casuals again took the lead, and on several occasions after our goal had some remarkable escapes, Dobell being twice beaten by high shots which hit the crossbar and fell on the goal line for White to clear. Sutcliffe, who had played an excellent game, put on the equaliser by a well-judged shot. Team : H. L. Paddon; D. C. Dobell and H. White; B. G. Gutteridge, W. B. Johnson, and F. G. Aldridge; C. G. Whorlow, G. N. Brandon, W. F. Sutcliffe, R. F. Bowes, and H. Stobie.

ST. THOMAS'S v. ST. MARY'S.—This match was played on our ground on Saturday, November 9th. We soon showed ourselves to be the better team; keeping up a strong attack on St. Mary's goal, Wilson scored soon after the start. Our defence was strong throughout; and Paddon, who up till now had played in goal, showed himself to be quite a useful back. Before half-time Sutcliffe added our second goal with a very pretty shot. In the second half we should have scored several times, but the shooting was weak. From the outcome of some good combination, St. Mary's left wing broke through our defence and scored with a

shot which gave Cooke no chance. Shortly after this Brandon added our third goal from a good pass from Stobie. Team: A. I. Cooke; H. L. Paddon and H. White; B. G. Gutteridge, F. J. Humphreys, and W. B. Johnson; H. B. Wilson, G. N. Brandon, W. F. Sutcliffe, C. G. Whorlow, and H. Stobie.

ST. THOMAS'S v. LONDON COUNTY ASYLUM.—Played on Saturday, November 16th, at Bexley, before a large crowd, and resulted in a win for the Hospital by 5—1. The ground was unusually small and consequently the ball was continually out of play, and the forwards found great difficulty in adapting themselves to these conditions. The Asylum were the first to score, but Sutcliffe soon after drew us level, and before half-time gave us the lead. On resuming play Sutcliffe, Wilson, and Brandon added further goals, Wilson's being a particularly fine shot. For the defence, Humphreys and Johnson at half, and Paddon at back, showed excellent form. Team: A. I. Cooke; A. White and H. L. Paddon; B. G. Gutteridge, F. J. Humphreys, and W. B. Johnson; H. B. Wilson, G. N. Brandon, W. F. Sutcliffe, C. G. Whorlow, and H. Stobie.

ST. THOMAS'S v. OLD CARTHUSIANS.—This cup tie, being the second round of the A.F.A. (Senior Cup) was played at East Dulwich on Saturday, November 23rd. The Old Carthusians brought a strong team, including four or five "Old Blues," and they soon began to assert themselves, but were prevented from scoring by the sturdy play of our defence. Their first goal was scored off a centre from Vassall, the forward being well up at the time, but though always dangerous, they were unable to score again through the fine goal-keeping of Cook. Towards the end of the first-half we very nearly scored from a scrimmage in front of goal, and half time saw the score at 1—0. Shortly after half-time the Carthusians scored rather an easy goal, and this proved to be but the beginning of a series, as others were quickly added. Our men were obviously feeling the effects of the first half, and the final score was 8—0. Our forwards were greatly minus the avoirdupois of the opposing halves and backs, and could make but little headway. Dobell and Paddon both did a great deal of work, and tackled and kicked in great form. Gutteridge, in a strange place and against such forwards, was a success, and this arrangement of our team proved to be the right one, as Johnson, on the left, showed once more how he can rise to the occasion. Against such a player as Vassall, he had by no means the worst of some of the many tussles, and spoiled many of the rushes for which he is famous. Old Carthusians: R. Curwen (goal); I. E. Snell and W. W. Timmis (backs); F. Furze, W. J. H. Curwen, and C. P. Mead (halves); G. C. Vassall, B. Tuff, O. L. Trechmann, H. K. Waller, and C. E. Deacon (forwards). St. Thomas's: A. I. Cooke (goal); D. C. Dobell and H. L. Paddon (backs); W. B. Johnson, B. G. Gutteridge, and G. H. Roberts (halves); H. B. Wilson, G. N. Brandon, W. F. Sutcliffe, R. F. Bowes, and H. Stobie (forwards).

ST. THOMAS'S v. HAMPSTEAD.—Played at Chiswick on Wednesday, December 4th. The ground was in good condition, but the game was greatly spoiled by the strong wind which was blowing across the ground. We kicked off with the wind slightly in our favour, and soon after Whorlow made a capital run down the wing and turned the ball over to Brandon, who netted the ball. Hampstead retaliated without effect, and another rush by our forwards ended in Sutcliffe dribbling close in and adding our second goal. Hampstead then made a strong attack on our goal, and Pillivant put in a sharp shot, which left the score at half-time at 2—1 in our favour. On changing ends Dobell and Austin both met with accidents, and were forced to retire into goal. After this the game was evenly contested, but shortly before the whistle blew Hampstead put on the equaliser. Thus ended an interesting game of two goals all. Team:—L. R. Warburton (goal); D. C. Dobell and H. White (backs); B. G. Gutteridge, F. J. Humphreys, and W. B. Johnson (halves); C. G. Whorlow, G. N. Brandon, W. F. Sutcliffe, R. F. Bowes, and H. Stobie (forwards).

Births.

MATTHEWS.—November 22nd, at the Northern Hospital, Winchmore Hill, the wife of Charles E. Matthews, M.D., of a daughter.

MARSHALL.—December 1st, at St. John's House, Lechlade, Gloucestershire, the wife of Thomas Bingham Marshall, M.R.C.S., L.R.C.P., of a son.

VERDON.—October 24th, to Dr. Egbert Verdon, Physician to H.S.M. the Sultan of Morocco, a daughter.

WARNER.—November 8th, to Allan Warner, M.D., D.P.H., of Kirkby Muxloe, a son.

Marriages.

ATKINS—HIGHTON.—October 5th, at Brondesbury, Frederick Durnford Atkins, M.B., B.S., to Edith Agnes Highton.

FALK — SMITH. — November 16th, at Bombay, Herman Falk, M.B.Cantab., L.M.S., to Olive Bertha Smith, M.B.Lond., Croydon.

JEWESBURY—WILLIAMSON.—November 2nd, at Kensington, R. C. Jewesbury, M.B., M.R.C.P., to Caroline Oliphant Williamson.

ROBERTS—BIRLEY.—November 8th, at Bombay, Charles M. Roberts, I.M.S., to Madeline Julia Birley, of Bournemouth.

Editorial Notices.

ALL contributions for insertion should reach the Editor by the first of the month. They should be written on one side of the paper *only*.

Subscriptions may be sent direct to the Treasurer, Mr. F. G. Parsons, or paid to Robert Hopkins, in the Central Hall.

The subscription for one year is five shillings; for five years, one guinea; for life, three guineas.

We beg to acknowledge the receipt of the following:—*London Hospital Gazette, St. Bartholomew's Hospital Journal, Guy's Hospital Gazette, St. George's Hospital Gazette, Magazine of the London (Royal Free Hospital) School of Medicine for Women, St. Mary's Hospital Gazette, Middlesex Hospital Gazette, The Broadway (Westminster), All India Hospital Assistants' Journal, The Hospital, Royal A.M.C. Journal, The Stethoscope.*

